Clinical Lecture
ON THE
TREATMENT OF FRACTURES OF THE LEG.

By JAMES PAGET, F.R.S., D.C.L.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

(Shorthand Report, revised by the Author.)

I WISH to speak to you this morning, gentlemen, about what we may well call our Christmas fractures. The daily moralists have given their lessons upon them; and I will see if I can teach mine—chiefly on the manner of managing fractures of the leg.

On Boxing day and night there were brought into the hospital eleven cases of fracture of the leg, of which eight were fractures of the tibia and fibula, and three were fractures of the fibula alone. Besides these, there was admitted one case of fracture of the upper part of the humerus, close to the joint, which was so nearly a compound fracture that it was unsafe to let the patient pass out of the hospital. I need not say that, besides these, a great many cases of other injuries were treated in the surgery without being admitted. During the week, also, independent of the Christmas work, there were admitted two cases of fracture of the tibia and fibula, and two of fracture of the femur. You have thus had a considerable store of fractures from which to study the common manner of treating them which we adopt here. That treatment is perhaps not the best possible; but I venture to say that it is an exceedingly good one, and yields sufficiently good results to enable me to state that with it you will very rarely see a limb sent out of the hospital crippled, or useless, or indeed in any material degree permanently damaged by the fracture.

I have brought in here the model of a leg put up after the fashion which is commonly adopted in my wards in the hospital—a fashion, I believe, in all essential respects the same as that usually adopted by my colleagues.

All these fractures that I have mentioned were put up at once. That is the custom which we adopt here. I think that, as you watch fractures, you will find that there are very few instances indeed in which you need depart from this rule—very few in which the damage done is such as to make it at all advisable to leave the fracture for a time, imperfectly at rest, on a pillow for any supposed righting of the fragments, diminution of swelling, or other supposed change for the better. I do not say that there are no such cases; each case is to be judged upon its own special grounds; but you may always begin the treatment of a fracture with a strong prejudice in favour of putting it up at once.

With regard to the manner of putting up a fracture, you will always have your choice of what is called the immovable apparatus, with gutta percha, and starched bandage, or gum and chalk, or what I more commonly use, plaster of Paris. There is no question of the considerable advantage of these in the commonest and simplest forms of fracture of the lower or upper extremity; yet I think that this apparatus should be used among out-patients only when you can be sure that the patient possesses sobriety and intelligence enough, and home comfort enough, to be able to manage his apparatus in some measure for himself. And the security of putting up fractures with splints and suspending them, as we do here, is so much greater, that if we have to admit the patients into the hospital, and to keep them here, we always adopt this plan first, except in the very simplest form of fracture of the leg. It is of this manner that I am now going to speak to you—the manner in which, in my wards, we put up fractures of the leg, whether of tibia and fibula, or of either bone alone.

Here is the apparatus, the principal thing about which I take to be this back splint. As you look at that and compare it with the back splints commonly made, you will see first that it is narrower than they are; so that for a man of full size the splint is not usually, at its widest, more than three and a half inches wide. It is narrowest about the ankle, where it is two and a half inches wide, and beyond which there is a large opening in it for the heel. Moreover you see the splint is nearly flat transversely; it is not hollowed out, as it is supposed it should be, to fit the back of the limb. Then it is very little curved; so little curved that you will say that it could not fit the leg of a very robust man. The calf, you would say, could never rest on that. But you must remember that you want a splint that is to fit the leg, not only at the time of admission, but also, and much more, the leg as it will be some ten days or a fortnight afterwards, when the leg has begun to waste, when the calf has fallen flat—gone to nothing. On a very curved splint, one that fitted the leg in the first instance, there will be no comfort after the lapse of a week, when the leg begins to waste. This splint is perfectly simple in its structure, a long and nearly flat piece of iron, bent at a right angle for the foot, and having two short transverse bars projected from its sides and looped to receive the slings. I would have you observe the direction of the foot-piece, which is simply turned up from the back-piece of the splint, and turned to very nearly a right angle with the line of the back part, quite straight, narrow, and perfectly simple. On that arrangement of the foot-piece depends mainly the arrangement of the limb.

Besides this there are these two flat, wooden side-splints, duly padded like the back-splint, and with care taken that they should be sufficiently long for the ends to project a little beyond the foot-piece of the back-splint, and to reach to some three or four inches above the patella. They should, moreover, always be broad enough to enable the straps that are put round them completely to encompass them without touching the leg. It is important for the comfort of the patient that no strap should come in contact with the front of his leg; and, after all, however one may regard anatomical considerations in putting up a fracture, the one most essential idea is that of comfort. If the patient is so disquieted by any of his apparatus that he cannot lie well or sleep well, the good progress of the fracture is a thing hardly possible; and great disquietude is produced by straps, bandages, or cutting edges of any kind which come in contact with any part of the skin.

The rest of the apparatus consists simply of pads stuffed with tow, one for each splint; and of the means, which I will presently speak of, for securing the foot to the foot-piece, and the knee to the back-splint; and then, besides, the simple cradle that we have, with the double bar on the top for suspension by the loops of the transverse bars fixed to the back-splint. There is also a prolonged piece of iron from the distal end of the cradle to secure that the bed-clothes shall in no case touch the foot-piece or any part of the apparatus, or the patient's leg.

Then observe how the patient's leg is set upon this back-splint. I do not speak of the manner of reducing the fracture; that must depend on the considerations that I spoke of the other day. The limb having been put into a right position, it is simply laid on the back-splint, with no additional pad beyond that which is fastened to the splint itself, unless in some cases where there is a great hollow above the os calcis, and then it is very useful to have a pad under the tendo Achillis—an additional pad to that with which the splint itself is covered. But the chief thing is the fixing the foot to the foot-piece.

You will observe, if you examine fractures of the leg that have united badly, that there is not one way, but several, in which the leg may be spoiled. First of all there is shortening. That comes, generally speaking, either from the fracture being so oblique that it is hardly possible to prevent one portion of the bone from sliding on the other, or from insufficient extension having been used at the time of setting. But there are other distortions which are really worse than shortening, for shortening can be corrected by adding something to the sole of the boot or shoe. A worse distortion than this is when the foot is rotated outwards, so that when the man gets up from what is supposed to be the cure of the fracture, he walks with the toe of the fractured limb not directed forwards like the other, but rotated outwards, a position in which firmness of support is hardly possible. And there is a worse thing than that. It is when the patient rises from the fracture with the sole of the foot

either inverted or everted, so that from that time he has to walk, not fairly on the flat of his foot, but on the outer or inner margin of it. It is from want of care in reference to that distortion that fractures of the fibula are sometimes followed by one of the greatest miseries that can result from fracture of the lower extremity; for when a patient is consigned for life to walk on the inner or outer margin of his foot, he loses I know not how large a proportion of the proper strength of his limb, and nearly all the comfort of his walking. He is in the position of a person who has been congenitally deformed, so as to walk on an inverted or everted foot. He is as ill off as those with varus or valgus; nay, he is in a worse condition than they are, because his case, depending as it does upon distortion of the bones, and not of the joints, scarcely admits of repair. No apparatus can put a patient into comfort who rises from a fractured fibula or fractured tibia and fibula with this defect.

Take, therefore, the foot-piece of the splint as the guide for the position of the foot; and if you do but see, in the management of fractures of the leg, that the foot of the patient and the foot-piece of the back-splint fairly correspond, it is hardly possible for the limb to fall into any of these defective methods of repair. That correspondence between the axis of the foot and of the foot-piece ensures that there shall be no rotation or version either outwards or inwards. Then, again, you should be careful that the foot touches the foot-piece by the three balls of the sole—the ball of the heel, the ball of the great toe, and the ball of the little toe. If the foot is set against the foot-piece so that these three chief points, upon which in standing or walking it rests, are in exact contact with the foot-piece, or nearly and evenly approximated to it, when the patient rises with the fracture healed they must hold the same position, and he be ready at once to bear his weight upon these three points. For the rest, this upper curved part of the splint must come in contact with the popliteal space, and you will observe that this upper part is very little curved, so that the limb is very little bent at the knee-joint. That is a most important thing to attend to, for if there be too abrupt an angle at the popliteal space, there is almost sure to be more or less pressure on the popliteal vein, and then consequent œdema of the leg, and the troubles that ensue from that.

When the limb is thus laid upon the back-splint, and the foot accurately adjusted to the foot-piece, it is secured in its position by the apparatus that you see here, formed of gutta-percha, with layers of flannel or of old blanket put underneath it. These were adapted by Mr. Vernon at my request when he was my house-surgeon, to correct what I am sure is a source of considerable trouble in the management of fractures of the leg—the pressure consequent upon bandages encircling the limb and constricting it. They produce œdema of the whole limb, above and below the seat of fracture, and that œdema is often fraught with very evil consequences. Look carefully, therefore, to this—that there are no bandages constricting the broken limb. You will see that we never apply a bandage next to the limb, and within the splints. That is a custom of treating fractures which is sometimes adopted, but in which, when splints are used with proper pads, I can see nothing but evil. It serves no purpose to the limb itself by its compression, and it sometimes does considerable mischief by compressing veins when the limb begins to swell. It also conceals the limb from your view; whereas, in every fracture that is under treatment, you should, as far as possible, see not only the seat of fracture, but all the adjacent parts of the limb, and have these at all times fairly under your inspection.

Then, even when the bandages immediately surrounding the limb are left out, it is not unfrequent to bandage the foot to the foot-piece and the lower part of the back-splint, and to bandage the knee and the adjacent parts to the upper part of the back-splint. But these bandages have, in like manner, a tendency to produce œdema, especially the bandage of the knee; for if you bandage the knee close down upon a firm back-splint, and it has to lie there week after week for five or six weeks together, the result almost certainly is that, by pressure on the popliteal and saphena veins, œdema will ensue below the constricting bandage—œdema at and about the seat of fracture.

Now observe the different sorts of œdema that are apt to ensue in fractures of the leg.

First, there is that general œdema of the leg which comes on from the mere injury; harmless and subsiding of itself when the fracture is put into a proper position. Then there is the œdema which sometimes comes from these encircling bandages—an œdema more full of mischief. Another form is that in which the foot is hung too much below the level of the knee, as it is in the old apparatus sometimes employed of the double-inclined plane, where the knee hangs over an angle, and the foot hanging low down, is sure to become œdematous. And then there is another kind: that œdema which we have been observing of late, which seems to depend almost entirely upon irritation of the veins of the limb by hard edges of bandages, and consequent clotting of the blood in the veins. There is a woman in Lawrence ward who shows this kind of œdema. After the fracture of the leg had been repaired well in the ordinary apparatus, a plaster-of-Paris bandage was put on, and its edge rubbed against a part of her saphena vein. Trivial as it may seem as a cause of so much distress, this is a cause which I have now seen in several cases. At the part irritated, the blood clotted, with pain and tenderness of the vein, and the clot began to gather other clots at both its ends; and so it went on till the greater part of the saphena vein was obstructed by clots, extending by means of this thrombosis, which Mr. Callender has particularly described in our Hospital Reports. One vein after another, in these cases, becomes filled with clot, till at last a firm, solid œdema of all the parts supplied by these veins ensues—an œdema which does no harm, to be sure, to the union of the already repaired fracture, but which disables the patient from the use of the limb for some eight or ten weeks after the fracture has healed.

There are, then, these four kinds of œdema which we find associated with fractures of the lower extremity; but the œdema that I wish to speak of especially is that which results from constricting bandages, whether put next to the limb, or so as to enclose the limb and hold it down to the foot-piece and the upper part of the splint.

See what mischief this œdema does. First of all, it adds very much to the sufferings of the patient by increasing the weight and tension of the limb, and consequently increasing his restlessness also. But then, if the limb is œdematous, all its nutritive powers are impaired, and I cannot doubt that sometimes the delay of the union of fractures is due to this cause. The proper circulation through the limb is retarded by pressure upon the veins, and the whole process of repair is hindered. But there is another trouble. It is this œdema which adds to the probability of the occurrence of "sore heel," as we have to call it, in the treatment of fractures of the lower extremity. Of all the vexations interrupting the progress of a fracture, this is one of the chief, not only interrupting the progress of the fracture, but very much prolonging the time of the patient's convalescence, when, after recovery from his fracture, he gets up with a slough on his heel, or on the upper part of the os calcis. It is a thing which you should be very careful to avoid. One of the means of avoiding it is, that the back of the splint is perforated by an aperture for allowing the heel to project a little through it, so that the heel does not rest against the mere hard surface of the splint, even though guarded with a pad. But another thing is that the heel should be kept from all sources of inflammation and œdema; for it is through these chiefly that the heel has a tendency to slough. If you will watch the different progress of cases of simple and compound fracture, especially of compound fractures followed by acute inflammation of the whole limb, you will see that in the one case the heel has little, while in the other it has more, tendency to slough, even though the manner of putting up be the same. Where there is inflammation, the whole nutritive processes of all the textures of the limb are very much lowered, and that not at the seat of fracture alone, but in every part of its extent. Then the heel, or anything else that is much pressed upon, is likely to slough. So with œdema. The whole nutritive power of the limb is impaired; and the heel, firmly held down, becomes excoriated or sore, and the recovery of the patient is seriously retarded.

In this apparatus, then, you see no constricting bandage encircling the limb at any part. The foot is held to the foot-piece by a layer of gutta percha, which is placed, while soft and warm, across the whole dorsum of the foot, separated from the skin by a layer of flannel, and, coming over the edges of the foot-piece, is fastened there with tape or

string. The knee is held in the same manner; a layer of gutta percha, separated from the skin by flannel, is put over it, passes beyond the edges of the side-splints, and is held in its place by two straps and buckles. Moreover, to avoid the necessity of straps or bandages around the side-splints, these are held together, not only by the gutta percha and the straps which encircle it, but also by two transverse bands, which buckle across their lower end, and across and beyond the foot-piece. With that apparatus is fulfilled the design of having a limb held steady enough to its back-splint, without any place in which it is encircled by a bandage—without any place therefore in which any constriction is put upon its veins or other textures.

That which may seem to you as the defect of this apparatus is that there is no sufficient provision for the application of a continuous force of extension; and, for all that you see, the two fragments might here ride the one over the other, being so little held, as they may seem to be, by the layers of gutta percha. But remember how very little there is to displace the fragments of a broken limb when once it has been put fairly into place and put at rest. As I explained to you the other day, the muscular contractions, which are supposed to be the means whereby the fragments of broken bones are displaced, cease after the first three or four days; so that if an apparatus is only so adjusted that it may keep the limb during those days from all risk of muscular contraction, there is no risk of disturbance from this cause afterwards. See in the ward, now, a man who was admitted some weeks ago with fractured patella. On his admission the fragments of the patella were at least an inch apart. The limb was laid simply upon its back, level with the trunk; and at first it was quite impossible to retain the fragments together, or to bring them nearly into contact. But day after day the muscles, contracted at first, gradually relaxed, and then, of themselves, and with the contraction of the adjacent textures, the two fragments of the patella came close together—to within, at the most, a quarter of an inch. There is no risk of muscular contraction displacing the fragments of a broken bone at any time after the first three or four days. At least the case would be quite extraordinary, and require very special treatment, where such an accident would occur.

Upon this apparatus, then, all these eleven fractures were put up. Those of the patients who had only fractured fibula went out in the course of the next week or ten days, with plaster-of-Paris bandages. The other cases, of fracture of the tibia and fibula, are kept in the hospital, and there you may still watch them. At the end of three or four weeks all but two, who have serious complications, will be put up with plaster-of-Paris.

(To be concluded.)

Clinical Lecture
ON
NERVOUS DYSPEPSIA.

BY ARTHUR JULIUS POLLOCK, M.D.,
ASSISTANT-PHYSICIAN TO CHARING-CROSS HOSPITAL.

THE form of indigestion, which may without impropriety be termed "nervous," is, perhaps, one of the commonest disorders that we meet with among the out-patients of an hospital; but it is by no means confined to that class of persons. The privations, the bad food and bad air, and the depressing circumstances under which only too many of the inhabitants of large cities live, are strong predisposing causes of many diseases, but especially so of functional disorder of the stomach.

Of the two sexes, women suffer more and in larger numbers from this nervous dyspepsia than men; and particularly at that period known as the "change of life." But the disorder is by no means rare among men, and is usually associated in them with some form of hypochondriasis.

Many of the symptoms of nervous dyspepsia are so allied to those of ordinary hysteria that, without some discrimination, the essential and fundamental mischief—functional disorder of the stomach—may be overlooked. The nervous symptoms are, in most cases, entirely the result of the indigestion: remove that, and they pass away.

Let us examine an ordinary case of the disease.

The patient will complain of pain in the chest or "heart," which goes right through to her shoulders, and is often so bad that she can scarcely breathe. It comes on in spasms, and is often accompanied by palpitation of the heart, giving rise to a fear that that organ is affected. These pains usually occur after food or drink; and sometimes even a cup of tea will bring them on. There will often be a good deal of wind in the stomach and bowels, which latter are generally constipated. The urine is high-coloured and scanty, or thick; the tongue coated, as a rule, with a yellowish fur, though it will not unfrequently be found quite clean or unnaturally red. She is sick at times, occasionally bringing up her food, but often nothing but water. The appetite is bad, the breath foul, and there is an unpleasant taste in the mouth, especially on waking in the morning.

The nervous symptoms are very various: great lowness of spirits and depression; anxiety without any cause; an undefined dread of some impending evil; hot flushes and chills; the noise of her children distracts her; she cannot walk out in the streets, as the air feels "too strong" for her, and the number of people makes her very nervous; there is frequently headache, generally referred to the vertex, which she describes as feeling hot; her head "opens and shuts" at times; sometimes there are strange noises in the ears; icy chills run up the spine; there are curious sensations in the stomach and abdomen, as if something alive were in the bowels; flutterings about the epigastrium; a ball rising in the throat; &c. The catamenia are sometimes regular, sometimes occurring at intervals of three months or longer; and if the latter, the patient will attribute many of her uncomfortable sensations to "those things flying about her." Not uncommonly such a patient will have ceased to be poorly for a year or two.

The treatment of such a case is sometimes very simple and satisfactory; a few doses only of medicine, and a strict attention to the diet, bringing very great relief. More often, perhaps, the symptoms are rather obstinate, and it may take some weeks to effect much improvement. If the bowels are costive, the water thick or high-coloured, and the tongue coated, I generally begin by giving a mixture containing three grains of carbonate of ammonia, half a grain of ipecacuanha powder, three grains of rhubarb powder, twenty grains of bicarbonate of potash, to one ounce of peppermint water,—three times a day, half an hour before meals; adding to it, if the nervous symptoms are prominent, half a drachm to one drachm of tincture of valerian. With this I order some pills—the pil. aloes et assaf. of the British Pharmacopœia, five grains at night when necessary; or, if the bowels are pretty free, five grains of assafœtida every night. I have reason to believe that the assafœtida is often very useful as a nervine tonic, and in assisting to expel the wind; and I have been asked, over and over again, to give some more of "those" pills, in spite of their nasty smell and taste.

If there is much sickness, bismuth and chloric ether may be of great service, with or without the rhubarb and potash, and especially in those cases where the tongue is unnaturally clean. I have not found much benefit from prescribing the liquor potassæ in nervous dyspepsia, nor from the dilute nitro-hydrochloric acid in the early stage, though at a later period this acid, with the compound infusion of gentian, is most useful in giving tone to the stomach. When the tongue becomes clean and the stomach less irritable, quinine will often complete the restoration to health; but I feel sure, from frequent experience, that it is worse than useless in the early stages, when the tongue is thickly coated and the stomach very sensitive.

Perhaps, however, the most important part of the treatment consists in great attention to the diet, and without which we cannot expect much from drugs. The food should be light and nourishing; it should be well chewed before swallowed; plenty of time should be taken over a meal, and not much food taken into the stomach at one time. It is difficult, from the circumstances of many patients, to get all this attended to, but most of them can do something towards it. I think, with regard to beverages, that, as a

rule, it is best to avoid beer, by which I mean malt liquor of any kind; and to replace the tea, which is often drunk in excess, by cocoa and plenty of milk. Weak cold brandy-and-water may be taken with advantage at dinner in many cases. With regard to beer, several patients have told me that it is their only comfort, and seems to support and warm them; but I believe these feelings of comfort and support are usually dearly purchased by subsequent acidity and flatulence, and I am very hard-hearted and firm in objecting to the use of malt liquor—for a time, at any rate. Most dyspeptics have no appetite for breakfast, and, I conceive, suffer a good deal in consequence from emptiness and flatulence. I have reason to know that taking breakfast for a few mornings, even much against the grain, will eventually create a desire for food at that time of the day; and as it is perhaps the most wholesome meal of any, much comfort will ensue. I need hardly say that heavy suppers are most injurious.

ON THE

POPULAR IDEA OF COUNTER-IRRITATION.

BY FRANCIS E. ANSTIE, M.D., F.R.C.P.,

ASSISTANT-PHYSICIAN TO THE WESTMINSTER HOSPITAL.

(Read before the Medical Society of London.)

I AM unfortunately circumstanced at present, in one respect. It can rarely happen to an author to have the bread so taken out of his mouth as mine has been by the publication of a very able and lucid paper on the same subject as my own. Many of the ideas, and in some cases even the expressions, which have for a long time past been in my own mind with regard to this matter, are used by Dr. Dickinson in a paper in the newly published "St. George's Hospital Reports." However, the undesigned coincidence is not an unmixed evil, as I shall certainly feel increased confidence in putting forward any argument which is supported by Dr. Dickinson. It may also be possible, perhaps, to make one or two suggestions not contained in his paper, and slightly to modify his verdict in one or two particulars.

There is no subject in practical medicine the consideration of which has been fraught with so much perplexity and even dismay to myself as that of counter-irritation. On the one hand, there appears to be an immense body of evidence in favour of the real utility of this practice; on the other hand, the reasons given for its employment, and the explanations of its action offered by our systematic writers, seem at once incomprehensible, and closely verging on the ridiculous. The common opinion, even among educated practitioners, still seems to be, that anything which hurts the skin is very likely to benefit the deeper tissues, whether these are half an inch distant or placed quite in the centre of the body, and without any intelligible means of communication with the parts to which counter-irritation is applied. Thus, for instance, there is nothing more common than to see blisters applied to the exterior of the chest with a confident expectation of relieving pneumonia seated quite deeply in the tissue of the lung; or to the surface of the abdomen, with the intention of relieving inflammation of the bowels. There is something eminently ludicrous, as I look at it, in the hopes which are thus formed. If, indeed, there were any evidence whatever that the affection produced on the skin could travel by any conceivable route to the part intended to be relieved, we might expect that some effect, though by no means necessarily beneficial, might be produced on the deep-lying disease. But the truth is—and the sooner we confess it to ourselves the better,—that no proof whatever exists that the artificial disease can influence the natural one, either for good or for bad, in a great number of instances in which counter-irritation is used. In fact, the whole leading idea of counter-irritation is a relic of notions belonging to times which were antecedent to the birth of scientific physiology. As Dr. Dickinson very properly points out, they are the direct result of those old theoretical ways of regarding vitality which looked upon disease as an invading demon, which fastened itself with savage grasp upon some portion of the body for which it had a malignant liking. These morbific demons would seem to have been as silly as they were malicious; for the whole ancient theory of counter-irritation assumed that one had only to shake a red rag in their faces, so to speak, in order to make them quit their prey and seize upon a new object. Or, to use another simile, they were like some voracious shark which might be tempted to leave off gorging upon groundlings, and hooked out of the water altogether by dangling a bit of salt pork on the surface. It is, perhaps, unnecessary to give more than a passing smile to the theories which suggest such an analogy. Nay, more; it will, doubtless, be denied with energy by many who delight to call themselves practical physicians that any such ideas rule their minds when they insist on the value of counter-irritation. If, then, this be not the mode in which our counter-irritants are supposed to act, let us see if there are any other ways in which, consistently with sound physiology, we may suppose them to act beneficially.

Now there are three sets of organs, as Dr. Dickinson very properly points out, which, within certain strict limits, may be supposed to convey *some* influence to parts which lie anatomically at a distance from the part which we irritate. These are—

First, the bloodvessels, which, so far as they establish any direct communication between the surface and the deeper parts which we aim to influence, may effect much, though not always for good. It is, however, only within a very narrow range that this influence can be effective. When we place a blister upon the skin over an inflamed joint, we may, as Dr. Dickinson shows, provoke a serous exudation immediately beneath the skin, which may unload the vessels of the joint of their serum, because these vessels communicate freely with the superficial ones; and the consequence of this may be that the depleted deep vessels may take up the effused fluid from the cavity of the joint. But what possible analogy can we suppose to exist between this case and the action of the bloodvessels when we place a blister on the skin of the chest with the idea of relieving an inflammation of lung-tissue? The fluid which we withdraw from the skin-vessels is by no means similar to the plastic material of hepatisation; and if it were, how can we suppose that there is any vascular communication which could establish an interchange of good offices between the blistered skin and the lung? So, again, in the case of supposed effusion in the ventricles of the brain—what possible ground have we for thinking that unloading the vessels of the scalp of their serum will seriously affect the contents of the cerebral veins, and so cause absorption? Still keeping ourselves to the supposed vascular effects of counter-irritation, we may well ask, with Dr. Dickinson, what safety there is that the effects of this mode of treatment, so often powerless for good, will never be directly hurtful? Supposing, as is very often the case, that the discharge of a blister quickly becomes purulent, then obviously we have no longer anything to hope for in the way of mere relief of vascular engorgement. It may be well for us, if, having excited a process the whole tendency of which is to make the vessels within a very considerable distance extrude their fibrinous contents, we escape the disaster of waxy infiltration.

The second series of organs which really can convey an influence from an irritated surface to distant parts of the body are the nerves. Irritation of a peripheral nerve undoubtedly will often produce effects at long distances. The influence must, of course, travel along the afferent nerve to the nervous centre, and the final effect may be produced either in the centre or in the course of some other nerve which has communications with that centre. So far as these effects have been studied they are very much more often morbid than beneficial. It is quite common, for instance, for a peripheral irritation to produce, in this reflex manner, loss of power in distant muscles, loss of tone in distant vessels—nay, sometimes even serious disease in the nervous centre on which the afferent nerve impinges. Here, however, I confess that I must disagree with Dr. Dickinson in my estimate of the frequency with which beneficial results may be produced by counter-irritation (or rather, as I should call it, stimulation) acting through the channel of the nerves. We shall simplify this question somewhat if, instead of thinking of those inflammations with whose treatment the idea of counter-irritation is most prominently connected in our minds, we take the case of neuralgia, in which the disease is comparatively uncomplicated

with distinct tissue changes. Now there is a mass of evidence of an unexceptionable kind which shows that the influence exerted by blistering in neuralgia is by no means always or usually depressing to nerve functions. On the contrary, where the influence is so applied as to exert a moderate effect upon the stimulated nerve, there can be little doubt that its tendency is to restore functions in the nerve itself, in the nerve-centre, and in other nerves which are centrally connected with it. I can see, therefore, no theoretic objections to the belief that stimulation of the ends of peripheral nerves may sometimes produce reflex effects of a beneficial kind even in inflammatory affections. Only, and this I insist upon, to attempt to secure these benefits without the most precise attention to the physiological relations of the nerves of the irritated part with those of the organ we seek to influence is entirely absurd. For example, there is an affection of which, though it is rare, most persons have seen one or two cases, in which blistering is one of the stock remedies—I mean the severe facial neuralgia which occurs in persons over the middle age. This neuralgia is often attended with secondary inflammations of tissues to which the branches of the painful nerve are distributed. If in this condition counter-irritation be applied either directly to the painful nerve, or, on the other hand, at any indifferent part, the effect is either *nil* or else impairs still further the nerve's functions. But if a blister be applied over the branches of the cervico-occipital nerve at the nape of the neck, a reflex stimulation is produced, the effects of which are often very beneficial, not merely to the pain, but also to the secondary affections; for instance, the spasmodic twitchings cease, the tender and tumid points become less swollen and painful, and the exaggerated secretions from the eye and nostril are reduced. I cannot but suppose that in cases where blisters have seemed really to exercise a powerful influence on inflammations of distant organs, it must have been because a lucky chance applied the irritation to a nerve centrally connected with the nerves of the affected part.

A third class of organs which Dr. Dickinson enumerates, by means of which a real influence doubtless may be exerted on distant organs by an irritated skin surface is the absorbents. And here, as he justly remarks, the action would be altogether bad. The only effect which the absorbents would assist in carrying out is the possible transmission into the system of morbid matters from the wound which we have gratuitously made. I need hardly tell you, in view of the recent experiments on inoculation, that this is no imaginary danger, but, on the contrary, might prove very serious to persons of a certain constitution.

One other method in which a blister can act remains to be discussed; but it is one to which the term counter-irritation is singularly inapplicable. I refer to the direct transmission of the irritant action from the surface irritated to tissues immediately or a very short distance beneath it. Such an action as this is commonly altogether mischievous. For instance, I entertain no doubt whatever that I have seen a mild inflammation of the pericardium or pleura converted into a severe one by too zealous blistering at a critical moment in the early stage. It is highly probable that the same kind of effect is produced on the vessels of the affected part as that which can be seen to occur when we drop mustard or croton oil on the delicate web of a frog's foot—viz., a perfectly paralytic dilatation of the small arteries. A very different effect, however, may, I believe, be produced by the use of the milder irritants (one should rather call them stimulants) just sufficiently near to the inflamed part to exercise a very mild influence upon its bloodvessels. There can be little doubt that here, instead of increasing the tendency to dilatation of the vessels, we add something to their tone, and aid them to maintain that healthy balance which is opposed to the spread of the inflammatory process. So much we may well admit; but why, in the name of all that is reasonable, should such a proceeding be labeled with the special title of counter-irritation? It must be agreed by all that there is no propriety whatever in the term as thus applied. In short—and this is the burden of my paper,—the popular use of the term "counter-irritation" is thoroughly bad. And it is not a mere negative fault; it is a positive mischief. It is in vain that so-called practical men may protest that they simply act upon the facts observed in their experience, so long as they are weighed down with the carcase of a dead theory, which, although they do not know it, still hangs round their necks. It is in vain that they persuade themselves that they merely apply blisters or setons because they have seen them do good in similar cases; for the similarity is, perhaps, more frequently than not, more than half imaginary, and is assumed, unconsciously, in order to bring the case within the range of the supposed benefits of counter-irritation. And the readiness with which many practitioners conclude that any given case is appropriate for the application of this treatment is evidently due to a lingering love for something like a charm—for something mysterious, or even semi-fabulous, in its operation, as to which one need not inquire too closely, but which is definite and tangible in its outward shape—a weapon ready to the hand of the feeblest, as the smooth stones of the brook were ready to the sling of the stripling David.

ON THE TREATMENT OF SCARLET FEVER.

BY CHARLES T. THOMPSON, M.D., M.R.C.P.

A FEW weeks ago Dr. Budd published an able paper on Scarlet Fever, and as he and I obtain similar results, though by different means, I am desirous of submitting a few observations on the subject.

Instead of waiting till the third or fourth day to anoint the patient's body with oil, and to repeat this twice daily, in order to retain *in situ* the infectious excreta from the skin, and after a longer or shorter interval washing this off in a warm bath, my practice is as follows:—

On the very first access of the fever, I put my patient into a warm bath, and repeat this as often as the strength of the patient will allow or the severity of the attack may require. The first effect of this treatment is to produce a soothing and refreshing feeling in the patient, to be followed soon by such an eruption on the surface, of so vivid a colour and in such amount, as would astonish those who have never witnessed it. Thus one of the greatest dangers of this fearful disease—the suppression of the eruption—is escaped.

After the first or second bath the appetite usually returns, so by getting down light and nutritious food the means are afforded of supporting the strength of the patient during one of the most trying periods of the disease. By this treatment the excreta from the skin are removed as rapidly as they are deposited, doing away immediately with the source of infection, leaving no room for the dissemination of the disease. The desquamation of the cuticle is greatly promoted, it being removed in small particles, and never in large pieces.

The drying of the body after the bath is effected by soft linen cloths, sufficiently large to envelop the whole person, and with as little friction as possible; in fact, the surface is what may be called "dabbed" dry, as the excitement from friction of the skin often produces great mischief.

The irritation of internal organs is also at once relieved by this continued determination to the surface. And as the condition of the latter becomes more healthy, the nasal, renal, and alvine secretions, with those of the throat,—in my opinion the most dangerous of all,—are speedily deprived of their noxious properties, and quickly recover a healthy character, thus again removing additional sources of infection.

The fever rapidly subsides, and convalescence usually proceeds more or less quickly, according to the mildness or severity of the attack. Another advantage of this treatment is, that a very serious case is soon reduced to a mild one, and the patient recovers in less than half the usual time.

This practice I have pursued for more than fifteen years, during which period I have attended many cases of scarlet fever; but have never lost a single patient from this disease, nor can I call to mind at this moment any one case in which the infection has been carried from the patient to any other individual. I have had six or seven cases in a family at about one and the same time, the infection clearly traceable to schools, &c.; yet have never known the disease spread to any others in the same household. I have also attended cases where isolation was impossible, or would not be attended to, the patients having free communication with other members of the family, but where the treatment above recommended has been scrupulously carried out, no second case has arisen.

The consequence of all this is that, when the patient's health is sufficiently re-established, permission has been given to join the rest of the family; and I am satisfied that the patient might also be speedily restored to society with perfect safety. In no instance have I known any harm to arise from this permission. During the convalescence of the patient the bath, of course, may be used daily, or every other day, according to the feelings or wish of the patient; but its temperature should be gradually reduced, so as to invigorate and not exhaust, and also to enable the surface successfully to resist the alternations of heat and cold to which the patient may be exposed in moving about from place to place.

The terrible sequelæ of this formidable disease are, also, by the treatment above recommended, seldom if ever met with. No nurse or washerwoman has, to my knowledge, suffered from the performance of her avocations. Of course the necessary medicines must be administered as occasion requires.

St. George's-road, Pimlico, Feb. 1869.

CARBOLIC ACID IN THE TREATMENT OF CERTAIN DISEASES OF THE SKIN.

BY W. ST. JOHN COLEMAN, L.R.C.P., L.R.C.S.I.,
MEDICAL OFFICER OF THE MILTOWN MALBAY DISPENSARY DISTRICT.

IT is in the treatment of the numerous class of skin diseases, more than any other, that the practitioner meets with the most provoking disappointments. It will be therefore not out of place to state briefly here the history of some cases treated with a new remedy, and the success which attended its application.

Early in October of last year I was consulted by Miss —— for a troublesome affection of the ears and forefinger of the left hand, which I made out to be eczema chronicum. I treated this with an ointment of white wax, hydrocyanic acid, and glycerine, and the exhibition of lime-water, and subsequently of iodide of potassium, internally. Having had, some short time previously, some wounds under my care which I treated with a lotion of carbolic acid with much satisfaction, I bethought me that the same protection which this agent affords to nature in the suppurative process in cases of wounds might equally be availed of in the healing process attempted in the altered cutis. To an eight-ounce phial of glycerine and water I added about twenty minims* of pure carbolic acid, and applied it to the ears and finger night and morning. The application exceeded my expectations, and the eruption disappeared in a week, leaving a perfectly natural surface beneath. This lady had also her right leg affected with eczema rubrum, which had become chronic some three months previous to my treating her. To this also the lotion was applied, and with perfect success.

Mrs. D—— had been treated by several physicians, myself among the number, for the most troublesome and obstinate eruption of eczema faciei I have seen. From the success which attended the application of carbolic acid in Miss ——'s case, I determined to try it in this. I did so, and with this result: that, whilst using the lotion, the face is perfectly smooth, and free from any trace of eruption; but, on its discontinuance, it invariably returns, though in a mitigated degree.

I do not know how many attempts I made to cure D. C——, aged three years, of impetigo larvalis, in which his face was completely masked, several parts of his body being also affected. I only know that I was unsuccessful, and that others were equally so. With the history of the cases related above before me, I could not do otherwise than give the carbolic acid a trial. Every bit of the scaly mask is now cleared off, and the skin, although presenting the characteristic redness, does so daily less in intensity, and is just recovering its natural softness.

I will add, as of much importance to the veterinary profession, that I have used a stronger lotion with much success in the treatment of "scab" in sheep.

Miltown Malbay, Co. Clare, Jan. 1869.

* I have since used it stronger.

CASE OF TETANUS CURED BY BROMIDE OF POTASSIUM.

BY R. H. BAKEWELL, M.D., M.R.C.S. ENG.

ON the 2nd January, 1869, I was called in to see a negress, aged about forty, living in a country village in Trinidad. I found her suffering from great pain, swelling, and tenderness of the left leg, on which there were two or three small but sloughy-looking ulcers. She was in a state of high fever. There was a very strong smell of garlic in the room, and I found that a good woman of the place had been rubbing the leg, including the sores, with a compound of garlic and oil.

I found, on inquiry, that the patient was a washerwoman, pursuing her avocation in the river, and that she had "caught cold" in the leg, which had inflamed and ulcerated. The reason why I was called was that on the previous day she had been attacked with stiffness in the jaws and inability to open them more than half an inch, and that on the morning of my visit she had had a violent spasm of the masseters, during which the jaws were completely clenched, with great pain. She complained, on inquiry, of pain in the back.

I ordered the immediate application of warm poultices and emollient fomentations to the leg; that beef-tea should be given every three hours, and half a drachm of bromide of potassium immediately, to be followed by a similar dose every four hours.

On my visit in the evening I found her in every respect better: the trismus had entirely disappeared, and she could open her mouth to its fullest extent; the pain in the back had gone, and the leg was less inflamed. As her head was somewhat giddy, and she had taken a drachm of the bromide, I ordered it to be discontinued; the other parts of the treatment as before.

She continued daily to improve; there was never any return of the lock-jaw; and she is now (Jan. 23rd) quite well.

Remarks.—This case is not of much importance by itself, but it may suggest to other practitioners the use of the bromide in tetanus, if it has not already been so used. I find nothing about its employment in this disease in the biennial report of the New Sydenham Society, nor have I noticed it in any of the medical journals.

Port of Spain, Trinidad, W.I.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

KING'S COLLEGE HOSPITAL.

CASE OF ASCITES DEPENDENT ON CIRRHOSIS OF THE LIVER, TREATED BY COPAIBA.

(Under the care of Dr. DUFFIN.)

A SHORT time since, Dr. Garrod called our attention, whilst going round with him, to several of his dropsical patients who were taking copaiba with the effect of largely increasing the quantity of urine passed. In the following case Dr. Duffin employed the same remedy, with results which are very gratifying.

J. W——, aged fifty-one. During his younger years he had been a marine. He had resided both in the East and West Indies and on the shores of the Black Sea, and had suffered from dysentery and jungle fever. He admitted

that he had lived freely, but about four years and a half ago had been compelled to "pull up," owing to a smart attack of vomiting of blood. This had recurred two years, and again one year previous to his admission, which was on Dec. 18th, 1868. Two months prior to this, he first noticed that his belly had begun to swell, and he suffered from a dull aching pain in the region of the liver. His appetite simultaneously fell off, and his bowels became irregular. These symptoms induced him, after a fortnight, to apply as an out-patient, when a moderate amount of ascites and general anasarca was detected. He was treated with salines, the diuretics in common use, nitrous ether, squills, the acid tartrate of potash, broomtops, &c., and hydragogue aperients. The anasarca diminished slightly, but the ascites was not affected by these means. After a month he went to another hospital, where analogous remedies seem to have been employed; his belly, however, continuing to increase, he requested to be made an in-patient.

On admission, the peritoneal cavity was found to be tense with fluid, the circumference being forty-three inches and a half just above the umbilicus. In the epigastric region only, as the man lay on his back, could a clear area the size of the palm of the hand be mapped out. The superficial abdominal veins were greatly distended; the cellular tissue both of the legs and about the loins and thorax pitted on pressure, and the bases of the lungs were œdematous. The condition of the liver could not at the time be traced, but the absence of any evidence of cardiac lesion, and the freedom of the urine from albumen, pointed it out as the chief offender—the more so as there was no reason to suspect either chronic peritonitis or peritoneal cancer. The urinary secretion had fallen to ten ounces daily, and the breathing was becoming slightly oppressed. The heart's power seemed good. There had been no return of the hæmatemesis for a year.

The question then arose—Ought this man to be at once tapped, or should he be tested with some of the rarer diuretics? The breathing presenting nothing urgent, and the heart's action being of fair power, the latter course was employed. He was ordered fifteen minims of balsam of copaiba, one drachm of mucilage, and one ounce of cinnamon-water, three times daily; the following will show with what effect on the kidneys:—

Urine passed in twenty-four hours.—Dec. 18th, ten ounces; 19th, ten; 20th, ten; 21st, fourteen; 22nd, twenty-four; 23rd, thirty; 24th, forty-four; 25th, forty; 26th, forty-eight; 27th, thirty-six; 28th, forty; 29th, forty-eight; 30th, forty-eight; 31st, thirty (?); Jan. 1st, forty-eight; 2nd, fifty-two; 3rd, twenty-six (?); 4th, forty-six; 5th, forty-eight; 6th, fifty; 7th, fifty; 8th, forty-six; 9th, fifty; 10th, fifty; and so on: the average being forty-seven ounces daily till his discharge.

The first day slight nausea and purging were set up by the drug, but both these symptoms faded on the third day. On the seventh day the copaiba was increased to twenty drops thrice daily. The breathing had now become quite easy, and the œdema of the lungs was the first to disappear. By the end of the year, however, the ascitic fluid had so far diminished that it was thought advisable to apply a flannel bandage to the belly so as to keep up some pressure on the portal radicles. By the end of the first week in January the outline of the surface of the liver could be readily traced, confirming the diagnosis of cirrhosis. His appetite had, however, flagged; and it was therefore determined to reduce the amount of copaiba to a single dose of thirty drops, to be given in the early morning, and to administer some solution of strychnia, mineral acid, and calumba, through the day. The result was a marked increase of appetite, without any diminution in the diuresis; indeed, on one occasion sixty ounces of urine were voided in the twenty-four hours. On the 18th January the percussion note was absolutely clear down to the flank, and all fluctuation had ceased. The belly was now only distended with tympanitis. Galvanism was therefore added to the other remedies. A few days later a transient papular rash appeared, possibly due to the copaiba, but it was disregarded. The man continued to take the remedy till his discharge on the 28th January, up to which day he continued quite free from any return of the dropsical affection.

Dr. Duffin, in his remarks, said: The case acquires its sole value from the diuretic action of the copaiba. The uncertainty and imperfection of most of the drugs at present in use to call up the eliminative action of the kidneys render any addition to our means a great positive gain. No doubt this special action of copaiba has long been acknowledged, but it appears to have fallen into such great disuse as to be almost forgotten by many practical men. The fact that in this instance the ordinary diuretics had been tried and failed renders its effect the more significant. The great rarity with which extensive ascites completely disappears, even for a while, under any plan of treatment, further renders this a good test case. In spite of the enormous pressure of the ascitic fluid on the kidneys they resumed their activity on the third day from the exhibition of the medicine, and never faltered during its continuance. A single case naturally can only be regarded in the light of a suggestion, and in cases of cardiac dropsy Dr. Duffin admits that, though of value, copaiba has only partially responded to his expectations hitherto. The nausea it is apt to induce may become a serious objection; but he would suggest the utility of piling the drug into a single dose, administered upon an empty stomach with some aromatic water, and then treating the dyspeptic signs throughout the day.

ST. GEORGE'S HOSPITAL.

A CASE OF FIBROUS POLYPUS TREATED BY LANGENBECK'S METHOD OF OPERATION.

(Under the care of Mr. ROUSE.)

THERE are a few points of interest connected with the following case. First, as to the diagnosis. No one who saw the tumour before the operation doubted its nature; but when it was seized with the forceps it was so soft that it broke down under the pressure. Until a microscopic examination had been made, some thought that a mistake had occurred in the diagnosis; but the extensive absorption of the wall of the orbit in so short a time, and the attachment of the tumour to the basilar surface, were sufficient to prove that it was not a mucous polypus. The operation is worthy of notice, Langenbeck's method not having been very frequently followed in this country. Its simplicity, the perfect exposure of the nasal cavity, and the ease with which the base of the tumour can be seized, not to mention the absence of subsequent disfigurement, render it a most desirable mode of procedure.

E. W——, aged fourteen years, deaf and dumb, was admitted into the hospital on the 5th of August, 1868.

History.—For some months has had gnawing pain in the right side of the face, which has been gradually swelling. For the last three months the right eye has been pushed forwards and outwards.

On admission, there was slight fulness of the whole of the right side of the face. The right eyeball was protruded and pushed outwards, so that the eyelids could not be closed, neither could the eye be turned inwards. There were fulness and hardness at the inner angle of the orbit. The right nasal bone was considerably raised. On looking into the nostril, a fibrous polypus was seen reaching nearly to the outlet. No tumour could be felt in the pharynx.

On the 6th of August, the patient being under the influence of chloroform, Langenbeck's operation was performed, by which means the nasal cavity was well exposed. A pair of polypus forceps was then introduced, with which the polypus was seized and dragged out. The lachrymal bone was found to have been almost entirely absorbed, allowing the tumour to pass into the orbit and push out the eyeball. The polypus had been attached to the basilar surface. The edges of the wound were brought together with silver sutures. The patient progressed favourably, and was discharged cured on the thirteenth day after the operation.

WOUND OF THE POSTERIOR TIBIAL ARTERY; SECONDARY HÆMORRHAGE; LIGATURE OF THE VESSEL ABOVE AND BELOW THE WOUND; EXTENSIVE SUPPURATION AMONGST THE MUSCLES OF THE CALF; RECOVERY.

(Under the care of Mr. ROUSE.)

This case shows the not unusual result of a wound of an artery which was not ligatured at the time of the accident. The interest mainly depends on the length of time before secondary hæmorrhage ensued, and the difficulty of deter-

mining the nature of the original lesion. When the patient was admitted into the hospital, the fact of pulsation being felt in the posterior tibial after the swelling had subsided added to the uncertainty of the case.

J. C——, aged twenty-seven, a healthy man, was admitted on August 19th, 1868.

History.—Ten weeks before admission he was shearing lambs, and ran the shears into his right leg. A good deal of hæmorrhage took place at the time of the accident. No very distinct account could be obtained of the progress of the case, except that the leg became much swollen, and after a time coagulated blood and pus was discharged from the wound. Things went on in this way until shortly before admission, when a further attack of hæmorrhage ensued.

On admission, the limb was much swollen, and there was a wound, about an inch long, about four inches above the internal malleolus, from which thick pus mixed with blood was escaping. The foot was so much swollen that no pulsation could be felt in the tibial arteries. The limb was kept raised, and a poultice was applied. Under this treatment the swelling diminished, the discharge became healthy, and on the 28th the posterior tibial artery could be felt pulsating. On the 31st no pus was seen, but a dark clot protruded from the wound. This was pressed out, and there immediately followed a jet of arterial blood. Under these circumstances an incision was made about three inches in length, and a large cavity filled with coagula was laid open; its walls were found to be made up of fibrin partially organised. This having been cleaned out, the posterior tibial artery was discovered, having a small round opening in it large enough to admit a probe. A ligature was applied above and below the opening. There was so much bleeding from the surface of the cavity that it was necessary to plug it with lint. Considerable suppuration followed the operation, separating the muscles of the calf, and rendering incisions of both sides of the leg necessary.

From this time the patient progressed favourably, and was discharged cured on November 14th.

MIDDLESEX HOSPITAL.

CASE OF PENETRATING BULLET-WOUND OF THE THORAX; RECOVERY.

(Under the care of Mr. CAMPBELL DE MORGAN.)

AT about midnight on the 26th of December, Mr. De Morgan was called down to the hospital to see a young man, twenty-one years of age, who had received a pistol-shot in the chest. It seems that he had been dancing in some neighbouring rooms, and that on coming out, while some twelve or fourteen people were getting their hats and coats, one of them took up the patient's coat, in a pocket of which was a pistol. This by accident went off, and the bullet was lodged in the owner's chest.

On his admission into the hospital he was in a state of slight collapse, with a little irregularity of the pulse. Air was heard to enter the chest with a hissing sound through a wound situated just two inches and a quarter in a direct line below the left nipple, the centre of the wound being over the sixth rib. The wound was about the size of a shilling, contused and lacerated, with puffiness around it. The chest was tympanitic, except over the heart, which was not displaced.

Shortly after admission, he had an attack of dyspnœa, which lasted about five minutes. A probe directed a little upwards could be passed into the thorax between the fifth and sixth ribs. If then directed inwards, it brought on agitation, and he said he could feel it pressing against his heart. He said he could feel the bullet at the back of the chest. He had no cough or dyspnœa, or bleeding either through the trachea or the wound. It was pretty clear, from the absence of all symptoms, that the heart and lungs had both escaped. To make sure that the bullet was not lodging in the neighbourhood of the wound, Mr. De Morgan put him under chloroform, and enlarged the opening in the skin. The wound in the pleura could then be seen as a horizontal slit about a quarter of an inch long, in the centre of the intercostal space. A long probe could be passed readily now to the back of the thorax without meeting with any obstacle. If passed towards the mesial line it was obstructed by the heart. The bullet could not be felt; it was conical, five-eighths of an inch in vertical dimension, and rather more than two-eighths of an inch in diameter. It had no doubt fallen to the back of the chest, and was lying, where the patient said he felt it, at the middle of the lower edge of the pleural cavity. Externally nothing could be felt of it.

As he was so free from all symptoms, with a pulse at 88, and the respiration 22, in the minute, Mr. De Morgan left him, putting a pad of lint moistened with carbolic-acid lotion over the wound, with a broad strap of plaster over it. This quite prevented all ingress of air through the wound. He had a fairly quiet night, sleeping at intervals, breathing easily and free from pain, the pulse 96, and the respiration 26.

In the afternoon of the 27th the patient complained several times of severe stitch, passing from the wound to the back of the chest. He was thirsty and a little feverish. These symptoms were relieved by small doses of laudanum and solution of antimony.

It is unnecessary to give the daily record of the case. He had occasional returns of feverishness, with stitch in the side, but no symptom of any serious import connected with the wound. It was noticed that two days after the wound the tympanitic state of the chest had much diminished, and the natural chest sounds became more and more natural. As the parts about the wound seemed to be irritated by the carbolic-acid lotion, a lotion of hyposulphite of soda was substituted on the 30th.

On the 31st he was quite free from pain, but slight friction sounds could be heard in the neighbourhood of the wound, which on the 1st of January became much more marked, and could be traced from the wound in a line towards the back as far as it was considered desirable to move him; and at this time the pleuritic pain was more severe than before or since. He had very little cough, however, then, or at any other time.

On the 17th January he was so well, and had been so long free from all signs of the injury, that he was allowed to get up. He felt no inconvenience from moving, but rather relief.

On the 21st he exposed himself to a draught, and had a sharp attack of rheumatic fever, the course of which was in no way affected by the injury. It left its traces, however, in the heart, the action of which became somewhat tumultuous, with mitral murmur and some regurgitation. These symptoms were much less marked when he left the hospital on the 15th of February. He was then so well that he was able to travel down to Cornwall.

Few cases (Mr. De Morgan remarks) have, perhaps, occurred in which a penetrating wound of the thorax by pistol-shot, especially in such a situation, has been followed by so few symptoms of injury. A few lines more to the left and the heart could not have escaped. The probe touched the pericardium if it was directed at all inwards. What was the course of the bullet? The ball entered in a direction directly backwards and a little upwards. The centre of the wound in the pleura corresponded with the upper part of the centre of the skin wound. Naturally one would expect that a conical bullet would take a direct course under such circumstances. It did not touch the rib so as to be deflected by it. But that this was in all probability not the case was shown by the distinct evidence of a line of pleuritic inflammation running round the chest from the wound to the back. It may be that the course of the bullet was turned by the pericardium itself.

One curious coincidence remains to be noticed. On Christmas day, 1867, this young man was garrotted. On the following day he bought the pistol, which he always carried from that time when he was out at night. On that day twelvemonth he was shot by it when standing amongst a dozen others. The whole circumstances are as strange as any *sensation* novelist could desire.

AT the Edinburgh University Court, held on the 16th inst., Dr. W. Robinson, F.R.C.P.E., and Mr. Benjamin Bell, F.K.C.S.E., were re-appointed Examiners in Medicine for one year. Dr. J. Warburton Begbie, F.R.C.P.E., was appointed an Examiner in Medicine for the same period, in succession to Dr. W. Seller, who had intimated that he did not desire re-election.

THE WATER-SUPPLY OF LONDON.

CAN any of our readers tell us what has become of the Royal Commission on Water-supply which was appointed some two or three years ago? After having taken a mass of evidence, and collected every scrap of information bearing on the subject, it was to be expected that, considering the extreme importance of their investigation as affecting the position in which the three million inhabitants of London would be placed by any conclusion that might be arrived at, they would be anxious to make their report with the least possible delay. We would urge upon the Commission to remember that while they are calmly making up their minds as to whether any and what changes should be made as regards the water-supply of London, the inhabitants remain a prey to the alternate hopes and fears created in their minds by the advocates and opponents of the existing Water Companies.

We have two documents now before us, both relating to the London Water-Supply, and both of an official character, yet the one is as diametrically opposed to the other in its tendency as it is possible to imagine. The first of these is a Report on the Sanitary Condition of the City of London for the year 1867-8, by Dr. Letheby, the City medical officer of health; the second is a Report on the Water-supply of the Metropolis in 1868, addressed to the Registrar-General by Professor Frankland, F.R.S. From one of these reports the reader would gather that the London water-supply, during the last trying year, was not only abundant in quantity, but that its quality was unimpeachable, and that therefore any alteration in the source of supply was unnecessary, and in every way to be deprecated. This favourable report, we need hardly add, is that of Dr. Letheby. In the face of the very damaging incidents connected with the cholera outbreak of 1866 in East London, and *malgré* the adverse opinions of the Medical Officer of the Privy Council, Dr. Farr, Dr. Frankland, Mr. J. N. Radcliffe, and many other undoubted authorities in such matters, Dr. Letheby has stedfastly maintained that the water supplied by the London companies has been above suspicion. In his last Report, after referring to the deficiency of rainfall during the summer of last year, Dr. Letheby says:—

"In those places where the water-supply was dependent on the storage of it in lakes and reservoirs from surface-gathering grounds, the deficiency was *absolutely distressing*. This was especially so in Manchester, Salford, Stockport, Kendal, Bradford, Sheffield, Bolton, Preston, and Rochdale, where, even at the very onset of the drought, the most urgent appeals were made to the inhabitants to economise as much as possible the consumption of water, and to limit its use entirely to the most needful domestic wants. In point of fact, the constant supply, on which they had so confidently—and almost boastfully—relied, failed them in every case; and the discomfort and inconvenience of it, especially where cisterns and other receptacles for water had been abandoned, were extremely great.....Happily for us (he adds) this condition of things has not been experienced in London; for during the whole of the dry weather the supply of water to the metropolis was more than usually abundant.....In fact we had great reason for being thankful that the supply of water to London was not from such precarious sources as open lakes or reservoirs which are fed by the immediate rainfall of a district, but from the deep-seated and never-failing springs which form the tributaries of the Thames."

Hypercriticism is one of the last things to our taste; and as applied to subjects upon which it is not desirable that the popular faith should be shaken, it is apt to be mischievous. And when important statements of fact are made by a gentleman occupying the position which Dr. Letheby does, we feel that it is no light matter to express a doubt of their accuracy, and that they should not be challenged without good and sufficient reason.

Setting aside any question of fact, there can be no doubt that, in identifying himself, as he has done in this Report, with those who advocate the intermittent as opposed to the constant supply of water in towns, Dr. Letheby goes against the opinions of all the best authorities on sanitary matters. We venture to predict, however, that any attempt to bring the constant system into disrepute because of its *alleged* failure under very exceptional circumstances, will be futile.

We have not thought it necessary to inquire about the deficiency so "absolutely distressing" in all the places Dr. Letheby has named; but here is what the report of the Manchester Corporation Waterworks Committee for 1868 states with regard to the scarcity of water there:—

"The Committee continued to give a full and constant supply of water for all purposes until August, when, in consequence of what appeared to be the endless duration of the drought, it was considered prudent to shorten the time of supply for all purposes within the district supplied by the Corporation, by shutting off the water during the night, and by further reducing the supply to large consumers during the day.....Steps to economise the use of the water commenced on the 3rd of August, and terminated on the 26th of October, when the full and constant supply to all parties interested was resumed."

It may be further said that the *storage* last year at Manchester was insufficient for the population supplied, the works not being fully completed, and a similar reason may be alleged in respect of some of the other places named. The *principle* on which the supply of those places is founded remains unaffected by any insufficiency of arrangements for working that principle; and in no single instance has the experience of last year induced either of the towns to contemplate changing its source of supply from a lake or gathering-ground to a river. Furthermore, we are informed on authority which Dr. Letheby would hardly question, that in Glasgow, Liverpool, Halifax, Blackburn, Belfast, and Dublin, all supplied from lakes or reservoirs, there was no scarcity of water whatever last year.

It happens however, singularly enough, that in one locality supplied on the intermittent system, from a river, with its "deep-seated and never-failing springs," there was very considerable scarcity of water last summer. Allusion was made in our own columns at the time to an article which appeared in the *Daily News* calling attention to that scarcity, and the locality in question was that supplied by the East London Water Company.

To what extent the London water consumers are warranted in accepting the assurances of Dr. Letheby, that they cannot possibly improve upon the Thames as a source of supply, may be gathered from the report of Professor Frankland, before alluded to. Very heavy floods in the Thames basin, in the early part of 1868, had this effect:—

"In January, the Thames overflowed its banks above the point at which the metropolitan water-supply is drawn; and, washing the surfaces of cultivated fields, mingling with the stagnant ditches and ponds, and receiving the contents of the suddenly flushed sewers of Oxford, Reading, and Windsor, became contaminated to an intolerable degree, as evidenced by the unusually large proportion of organic carbon, organic nitrogen, and previous sewage contamination in the waters of those companies which draw from that river."

Dr. Frankland states emphatically that his analyses of Thames water, delivered in London last year, completely confirm the opinion expressed by Sir B. Brodie before the Rivers Commission, that the noxious organic matter of sewage, when discharged into the Thames from Oxford and other towns, is not, as has been asserted, destroyed by oxidation after a flow of a few miles. He has "no doubt that

although oxidation does take place to some extent, a considerable proportion of the animal organic matter contained in the sewage of Oxford, Reading, Windsor, &c., reaches Teddington in an unoxidised condition."

Attention is particularly called by Dr. Frankland to the very inefficient filtration of a considerable proportion of the water supplied to the metropolis:—

"On several occasions the water of the Lambeth, Southwark, and Chelsea Companies was in such a muddy condition as to render it totally unfit for domestic use. In February last the Lambeth Company's water was so turbid that brightly illuminated objects could not be seen through a stratum of it twelve inches deep."

The importance of the efficient filtration of water drawn from a sewage-polluted river before it is delivered to its consumers needs no enforcement on our part.

We have not space to quote further from Dr. Frankland's Report, which will be found appended to the Registrar-General's Annual Summary of the London Weekly Returns; and we must therefore refer our readers to the Report itself for the evidence there given of the risks to which the London water consumers were exposed during the year lately closed.

We submit that we have indicated reasons sufficient to make the inhabitants of the metropolis doubt whether their present system of water-supply cannot be improved upon. If they believe what Dr. Letheby says, they will of course be quite satisfied with the existing state of things; but then they must, to arrive at that belief, have come to the conclusion that Professor Frankland's statements are untrustworthy—a very serious conclusion, especially if the position which the latter gentleman holds as a member of the Royal Commission on the Pollution of Rivers be taken into account.

THE HOUSE-LIST OF THE MEDICO-CHIRURGICAL SOCIETY.

ON Friday, the 19th inst., the Council of the Medico-Chirurgical Society issued its "house-list" for the annual election of officers on Monday next, the 1st of March, having with great astuteness delayed its publication until the last possible moment in order to obviate any discussion of its merits. It may be remembered that last year the list, though carried, provoked a good deal of discussion; and the Council has, we are glad to note, taken a hint, though not perhaps to the full extent desirable. Of three gentlemen specially remarked upon for their long tenure of office, two have, we are glad to say, had the good taste to withdraw, and shall therefore be nameless; but the third, Mr. Charles Moore, still holds his ground unabashed, though he has enjoyed office in one form or other for the last ten years. Mr. Moore's two colleagues at St. Luke's disappear from the list, but to balance them we have two colleagues of that gentleman in a more Christian association.

Of the proposed President, Dr. Burrows, we need say nothing, as there cannot be two opinions as to his high position in the profession, and his eminent fitness for the office. The only new name among the vice-presidents is that of Mr. Hancock, who has hitherto been undeservedly passed over, though a Fellow since 1838. We fail to see why Dr. Black and Dr. King Chambers, who have already been vice-presidents, should again take office as treasurer and librarian, to the exclusion of all other Fellows; but possibly their standard colleagues in the respective offices, Mr. Moore and Mr. Brooke, can explain the anomaly. We are ready to give the Council some credit for their selection of ordinary members of Council, since they are evidently chosen with a view to the proposed amalgamation of the societies; and thus we have the names of Dr. Hall Davis, late President of the Obstetrical Society; Dr. Peacock, late President of the Pathological Society; Dr. Burdon Sanderson, Secretary of the Clinical Society; Mr. Holmes and Sir Henry Thompson, formerly Secretaries and the latter Vice-President of the Pathological Society.

It is amusing to note how office in the Medico-Chirurgical Society runs in one or two hospital grooves. In the subjoined list will be found the number of the members of the consulting or active staffs of the several hospitals who are Fellows of the Society, with the number of times during the last nine years some one or more of each staff has held office, and the number of Councillors from each hospital in the proposed list:—

Hospitals.	No. of Fellows.	Office, 1860-68.	Office, 1860.
St. George's	15	32	5
University College	14	9	1
St. Mary's	14	19	2
Middlesex	12	18	3
Guy's	12	17	2
St. Bartholomew's	12	7	2
Westminster	9	12	1
King's College	8	11	0
London	5	1	0
Charing-cross	5	2	2
St. Thomas's	5	7	1

The following list gives the names of the gentlemen who have been elected more than twice during the last nine years, and requires no comment:—

Mr. Moore, Middlesex Hospital	9 times.
Dr. Stewart, ditto	8 "
Dr. Pitman, St. George's	8 "
Dr. Barclay, ditto	5 "
Mr. Birkett, Guy's	5 "
Dr. Basham, Westminster	4 "
Mr. C. Brooke, ditto	3 "
Dr. Fuller, St. George's	4 "
Mr. Dixon, Ophthalmic	4 "
Dr. Meryon	4 "
Dr. Sieveking, St. Mary's	4 "
Mr. Partridge, King's College	4 "
Mr. H. Lee, St. George's	3 "
Mr. G. D. Pollock, ditto	3 "

POOR-LAW BOARD RETURNS.

A VERY important document has just been issued by the Poor-law Board, showing the number of in- and out-door poor, the expenditure for relief, the rateable value of property, and the rate in the pound paid for the support of the poor. The gross injustice of the present system of local taxation comes out with great force. The parish of St. George's, Hanover-square, supports 2405 poor, at a cost of £30,000 per annum, which is 8d. in the pound; whilst Bethnal Green supports nearly 5000 poor, at a cost of £43,000 per annum, which is raised by a rate of 3s. 11d. in the pound. If the poor of Bethnal Green were relieved on the same scale as those of St. George's, Hanover-square, they would have cost the parish £64,000; and as no one taxes the guardians of the richer district with extravagance, it is evident that the difference of £21,000 is wrung out of the sufferings of the poor, the majority of whom are sick and aged. Looking at the question from the other point of view, it will be observed that 75,000 wealthy persons in Paddington contribute £20,000 per annum, or about 5s. 6d. per head; whilst 56,000 poor persons in Stepney contribute £44,000, or nearly 16s. each—in fact, it would be upwards of £1 1s. if the paupers be excluded from the population. The contrast is too ridiculous; and we confess to great disappointment in hearing that the question of equalisation of the rates has been indefinitely postponed. It is the basis of justice to the sick poor, the medical profession, and the ratepayers, and the key of the whole question of pauper treatment.

THE Burdett-Coutts' Scholarship at Oxford has been awarded to Mr. E. R. Lankester, B.A., student of Christ Church, and son of Dr. Edwin Lankester, F.R.S.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 27, 1869.

THE IRREGULAR STAFF OF AN HOSPITAL.

AT every great hospital possessing a school of medicine there may be found, in larger or smaller number, a class of men who afford some support to the Darwinian theory of development. They have been distinguished students; they have filled various subordinate offices in the establishment; they are engaged in a struggle, often a severe struggle, for existence; and they look to undergo a favourable change into fully formed members of the staff. They often display, in a very remarkable manner, a distinct capacity for the offices which they may probably one day be called upon to fill; and they display also, in a few instances, indications of that impenetrability in space, and rudiments of those prehensile or suctorial organs, which so materially assist the complete physician or surgeon in the retention of office and in the exclusion of rivals. The presence of such men is a great assistance to a school, and a great attraction to students, who find in them able and willing helpers and friends. Their precise position, as well as their average number, varies at different schools; but the characters of the genus are well-marked. The individuals composing it are often irreverently said to be "hanging on" to the hospital; but the term is, we think, not only improperly disrespectful, but unfairly depreciative and inaccurate. Partly for this reason, and partly because there are various semi-official positions which such men fill, we prefer to speak of them as forming an "irregular staff." The expression is unsatisfactory, but it may at least be applied without offence. It includes a body of gentlemen of great attainments, great patience and industry, and high and honourable ambition.

The irregular staff, then, at some hospitals and schools, undertakes a very large share of the work of instruction, and undertakes it either gratuitously, or with very inadequate, remuneration. Under the name of registrars, or tutors, or demonstrators, or assistant-demonstrators, and sometimes without even the faint solace of such titles, gentlemen are found who possess sufficient parts and knowledge for the proper discharge of the most responsible duties, and who are the actual sources of much of the best clinical work, of much of the best teaching, and of much of the most earnest thought, of the students amongst whom they move. In THE LANCET for Feb. 13th we published a letter descriptive of some of the special teaching at St. Bartholomew's Hospital, and affording an apt illustration of our remarks. On that letter we forebore to comment at the time of its appearance, hoping that some explanation, or even some denial, of its statements might be called forth. Neither explanation nor denial has reached us; and we can therefore only believe, as indeed we had previously feared, that the description given by our correspondent was altogether accurate. It is a description to which we now feel warranted in calling the attention of the profession, and especially of those gentlemen of whom we have been writing, and whom the matter principally concerns.

The reforms that are chiefly needed in great hospitals, implying, as they must do, an increased number of officers, would at once, if carried out, remove the members of the irregular staff from their present precarious and undignified position. We say precarious, because it has frequently happened that these gentlemen have not received the rewards that they had justly earned. Influence among governors has before now superseded the claims of earnest and conscientious work; and it has even sometimes been hinted that a too earnest worker may be dreaded as a possible rival. We say undignified, because the labourer is worthy of his hire, and the services we have described should be rewarded by proper payment and by well-defined position.

We put it, then, to the "irregular staff" generally, whether their present status is one that can be seriously defended, and whether their own acquiescence in it does not inflict grave injury upon themselves, and, through them, upon the profession. As long as gentlemen can be found who will work upon such terms, it will be possible to resist proposals to increase the number of physicians and surgeons; and hence the irregular teachers do but perpetuate their own exclusion from regular office. In a smaller way they reproduce the evils that depend upon gratuitous medical services generally. They form a small and compact body, of high education and intelligence. It is not unreasonable to expect from them, at the present conjuncture, some forcible protest against arrangements which they cannot approve. Without their assistance, every school in London would be so much lowered in efficiency that speedy changes in its organisation would be inevitable. We think, therefore, that the members of the irregular staff should take action; and that in every school, without giving cause of offence, and without surrendering their present positions, they should at once bring their claims to permanent office under the notice of the governing body. We feel that the gentlemen of whom we write are essential to the good conduct of medical education; and we believe they would work even better and more heartily than they do, if they were more fairly dealt with by their seniors. Professional opinion would strongly support them in taking a bold and an outspoken course. The success to which such a course would shortly lead would help to break down the barriers by which our great hospitals are now surrounded, and would, consequently, tend to check the formation of new "special" institutions. It seems highly probable that the public, before very long, will take the question of the organisation of hospitals in hand; and the more progress the profession can itself make in the initiation of salutary changes, the more power it will eventually have to prevent changes that might be injurious.

WE shall not be suspected of any extreme opinions on the subject of beer and beer-shops. At the same time this question is one which we cannot overlook. When all thoughtful people are trying to arrive at sound views of the pauperising influences in society, and trying to raise the spirit of

independence and self-respect in the minds of the poor, it is not for us to be altogether silent. The question of beer and beer-shops is both a social and a medical one. No profession suffers more than ours from the intemperance of the poor, and no profession is more able to speak as to the connexion between intemperance and pauperism. Nothing has surprised us more in recent discussions on pauperism than the extent to which drunkenness has been ignored as a cause of poverty. A little reflection, however, mitigated our surprise, and suggested the explanation. The almost complete disregard of intemperance as a factor in the production of pauperism is simply a reaction from the other extreme view that attributes all the evils of society to drunkenness. Of all things that have suffered from intemperance, nothing has suffered so much as the cause of temperance itself. We must have some mediator between the teetotaler, who can see no good in any drink but water, and the more modern social philosopher, who either ignores drunkenness altogether, or looks upon it as an effect of poverty, and not a cause of it. Neither science nor experience supports the extreme teetotal view of intemperance. Both these teachers tell us that men do better with some other beverage in moderation than with mere water, and that in certain circumstances of disease the use of various forms of alcohol as a curative or dietetic agent is invaluable. We regard the teetotaler as a well-meaning but somewhat narrow-minded man, whose doctrine is too severe for common life, and who talks too confidently about a question of profound difficulty. We would entreat him and his class to consider how entirely they have failed to impress practical men with the truth of their views, or with the practicability of greatly extending the habit of teetotalism in the country. Statesmen and physicians—the men who have most to do with human nature—have been as classes entirely uninfluenced by the physiological or ethical opinions of the total abstinence school; and if any legislative cure of our great national vice is to be attempted, it will have to be by the united demands of moderate men for a practical measure of legislation.

We wish to record our emphatic opinion that there are sufficient grounds for legislation on this subject. Whether we regard the amount of disease produced by drunkenness, or the quickness with which the habitual drinker and his family become a public burden on the occurrence of the slightest accident or disease, we conceive that it is the bounden duty of the State, which has saddled the nation with the care of the poor in the last resort, to give the nation any reasonable control over the public-house system. It is agreed on all hands that the public-house system has a good deal to do with making men and families poor. Whether we take up the report of an investigation into the mortality and poverty of a large town, such as one that lies before us on Liverpool; or hear the account of men who live in country places on the economic and moral effects of public-houses in villages; or study the character and the causation of poverty as it presents itself to us in connexion with the great charities of London, medical or otherwise, there is a very extensive agreement that the public-house system has a great deal to do with the causation of the most helpless forms of poverty. A large proportion—perhaps a third—of the scanty wage of the dock labourer or of the agricultural labourer is spent on himself in the public-house, and the wife and children have to live and pay the rent on the remainder. This means chronic starvation and overcrowding, with all their physical and moral consequences. It means no investment in a sick fund or other provision for a rainy day. Let the slightest accident or illness befall this labourer, and the day after he is on the parish, a burden to all his fellow-parishioners, and a heavy one to those immediately above him, who only differ from him in the fact that they are sober, and have spent the proportion of their means, which he spent in the public-house, in providing an additional room in the house, or in an insurance against sickness like that of a sick fund.

There are only two answers to this view of the connexion between the public-house system and poverty which deserve consideration. The first is this: that a man goes to a public-house because he is poisoned by the bad atmosphere or disgusted with the bad furniture of his own house, and that the beer or spirit which he gets is a real refreshment to him; that his intemperance is an effect of his bad physical conditions, not the cause of them. This opinion has had some weighty and wise advocates. But it is in itself, in our opinion, not very defensible. Surely a man cannot get any permanent strength or refreshment out of huge potations of very indifferent beer that will remedy the depression that comes of bad air and scanty comforts. He gets a temporary sensation of stupid satisfaction or elevation out of them; and, considering how poor his life is in sensations, we must not judge too severely his tendency to buy a very vulgar one cheaply. But if legislation could help his better sense, and dispose him to save even the shilling or two a week which numerous licensed temptations now induce him to spend, we could conceive no law more beneficent or philosophical. The few shillings a week which such legislation might help him to save would soon give the man comforts and sensations of health and respect which no amount of even good beer or spirit could give him. And, besides, whatever virtue there is in a moderate quantity of good beer, it should be domestically used. The wife should have her share of it as well as the husband. The other serious objector to be answered is the man who vindicates the drinking system on the ground of the sacredness of personal liberty. Well, we are not greatly enamoured of the liberty which permits a man to spend a third of his wages to his own cheek between Saturday and Monday or Tuesday. It is an abuse of language to call this liberty. And when it is remembered that the man who does this does it virtually at the public cost—at the cost of immediately becoming a pauper on the occurrence of the least disablement for work,—the assertion of personal liberty is felt to be ridiculous. If the present public-house system affects the amount of the poor-rate to be paid, it is a question of public importance, not of personal liberty.

We think that there is most urgent need, in the interest of the poor and of the ratepayers, and of public health and morals, for some extension of the restrictions already existing on the sale of intoxicating drinks. We are sensible of the uses of these drinks; but in order to be useful, the habitual consumption of them must be moderate. The immoderate

indulgence in them unfits for work, causes disease, and takes away money which is needed for other forms of food and comfort. The beer-houses seem, judging from actual facts, and from the nature of their licences, to be a lower and more demoralising class of houses than the ordinary public-house. And we think that they might be dealt with separately, and at once, without waiting for that utopian period when Government has time "to deal with the whole question." This is one of the ways of doing nothing. And we are sorry that Mr. BRUCE had no better encouragement for those who wish for wise and moderate legislation on a tremendous evil. It is extremely difficult to devise an entirely unobjectionable authority to dispense licences. The Excise is certainly bad, and has worked badly. But the magistrates are not above suspicion in this matter. Perhaps the best solution of the difficulty would be, to regulate the number of houses according to population, to be more severe in exacting high proofs of respectability in publicans and in the way in which they conduct their business. Another principle might be tried, of granting licences only on the requisition of a certain proportion of the inhabitants of a district. There are many cases in which drunkenness is a disease, and should be treated as such; but it is vain to hope for a proper recognition of this truth till we have first tried some legislative treatment of the habit as a social vice.

THAT the nervous system exercises a powerful influence on the process of nutrition is now generally acknowledged, though there are probably few physiologists who would agree in defining the precise mode in which it is exerted, or the limits to which it may extend. Some, with Dr. BROWN-SÉQUARD, would be disposed to refer it to a direct influence exerted upon the substance of the tissues, causing them to attract more or less blood, according to their requirements, and leading secondarily to variations in the calibre of the vessels, and the force and rapidity of the current of blood through them. Such nerves might clearly be termed trophic nerves. Others, on the other hand, might hold that the nerves influence nutrition through their vaso-motor power, permitting now more, now less, nutritive material to be distributed to a given part; though a fresh difficulty immediately arises in the attempt to determine whether the vessels possess a system of nerves governing their active dilatation, or whether such enlargement is due only to the relaxation of the muscular parietes consequent on withdrawal of the nervous influence. The evidence derived from section of the sympathetic seems, at all events, to prove that something more than mere active or passive dilatation of the vessels is required to induce inflammation; for it has been shown that an increased current of blood, with its concomitant phenomena of augmented heat, increased secretions, and more acute sensibility, may exist for months after section of the sympathetic, without proceeding to disease. One at least of these additional circumstances appears to be insufficient nourishment; for if, after section of the nerves supplying any part, the animal be deprived of food, the increased activity of interstitial absorption leads to rapid disintegration of the several tissues, and destructive inflammation soon supervenes. Another is probably irritation of the trunk or ganglion. It is not improbable that, from want of care in conducting post-mortem examinations, many instances of disease arising from nervous lesion are overlooked, which might furnish an insight into the causes of the production of inflammatory diseases, or into the development of new growths.

These remarks have been suggested by a paper written by M. PROUET in the last number of the *Archives de Médecine*, in which he adduces some remarkable instances of the influence of morbid states of the nerves in producing various diseases; and, amongst others, gives several of herpes and erythema, which appear to be in the highest degree interesting, and will certainly lead to further investigation.

In one of these cases of herpes zoster, occurring in a child, treated by M. BARENSPRUNG, the spinal cord, with the anterior and posterior roots of the spinal nerves, were found perfectly healthy; but, on opening the intervertebral foramina, it was found that the sixth, seventh, and eighth intercostal nerves were enlarged and reddened for the space of an inch, owing to the presence of large and tortuous vessels which traversed the neurilemma. The seventh, which was the nerve principally affected, was half as large again as the fifth or ninth. A very similar case, occurring in an old woman suffering from cancer, has been reported by M. CHARCOT, only that in this instance the spinal ganglia were red and swollen. From these cases it would clearly appear that herpes zoster, from the local characteristic sharp pain that accompanies it, which has hitherto been regarded as a completely superficial and cutaneous affection allied to a neuralgia, is, perhaps, symptomatic of, and secondary to, lesion of the ganglia or nerves from which the nervous supply of the part affected is derived; and it may be possible hereafter, in such and analogous cases, to determine whether the cutaneous affection is the result of the irritation of the ordinary cerebro-spinal or sympathetic nerves, or whether it is due to the affection of certain trophic nerves that exert a direct influence on the nutrition of the part.

MR. GOSCHEN has commenced his first session of office in a thoroughly satisfactory way. Parliament is scarcely yet a week old, and already Mr. GOSCHEN has introduced into the House of Commons a Bill for remedying one of the most flagrant defects in the existing Poor-law system—namely, the inequality of assessment of rateable property in the metropolis. There is no doubt this measure was the necessary complement of Mr. HARDY'S Act; for the creation of anything like a common fund given for the most limited purposes rendered the anomaly of unequal assessment too glaring to be tolerated. The Assessment Bill of Mr. GOSCHEN is to be welcomed, not merely for its own sake and as tending to remedy a serious abuse, but because it is the first step towards a uniformity which will certainly be carried out in the most extensive manner, until one intelligent direction supervises the whole Poor-law expenditure in the metropolis, and applies it in a truly economical manner. We wish we could say as much for the machinery which Mr. GOSCHEN proposes as for the principle of the Bill which it is intended to carry out. We are afraid that his assessment committees will form a large and somewhat cumbrous

apparatus, and that there is considerable danger that they may prove mutinous. No doubt this may be controlled if it be found possible to select an assessor to the Poor-law Board of ideal tact and firmness, and if it be found prudent or possible to make him despotic enough in his powers. We by no means say that this cannot be done; but at the same time we confess we think that the whole business of re-adjusting assessment in the metropolis is one which might better be trusted, from the first, altogether to impartial servants of the Poor-law Board, without any interference whatever from local committees.

It is satisfactory to see that all parties in the House appear inclined to welcome the signs of intelligent vigour which the chief of the Poor-law Board is displaying, and to strengthen his hands in action. We cannot forego the hope that the evident desire of the House for general Poor-law reform may induce the President to follow up his present measures with more extensive ones within the course of this session. The question of the expenditure under Mr. HARDY'S Act is becoming a most serious one, and it may well be doubted whether Mr. GOSCHEN will not find himself compelled to interfere. As we have repeatedly explained in this journal, the only part of that expenditure which will be applied to projects corresponding in principle with the reforms which were immediately suggested by the defects in the management of the sick poor revealed by THE LANCET Commission, is the expenditure for hospitals to be built under the authority of the Central Asylum Board. The true grievance of the ratepayer is, that in the actual carrying out of Mr. HARDY'S Act money will be wasted like water in multiplied local alterations, which Mr. HARDY persistently refused to charge upon a common fund and to submit to a common management.

We shall recur to this subject at an early period. We cannot too soon or too frequently proclaim the fact that the original investigators of Poor-law abuses in London are entirely irresponsible for that which alone gives the ratepayers of the metropolis any justification for their complaints of extravagance. It was inevitable that, unless the union rating of London was dealt with as one common fund for all the purposes to which the necessary reforms apply, there would be endless subdivision, and consequently endless multiplication of expenses. We said so as strongly as possible at the time, and the event has abundantly proved the truth of our prophecy.

Medical Annotations.

"Ne quid nimis."

HOSPITALS FOR THE INSANE.

CONTINUING the subject of Hospitals, *The Times* has devoted an article to those that are appropriated to the treatment of the insane; and has condemned the separation of the so-called "mad-doctors" from the general body of the profession, and the neglect of insanity in ordinary medical education. There can be no doubt that there is much reason in what is thus advanced; and that the cure of insanity has itself become, in the words of *The Times*, "a specialism run mad." At present, however, it is not easy to see how any change for the better can be effected, on account of the want of opportunities for clinical teaching. We believe it is possible for a few students to go to Bedlam, where they may learn what to do; and to St. Luke's, where they may learn what to avoid. Formerly, the authorities at Hanwell admitted one student from each medical school to a brief course of clinical instruction, but even this small privilege is no longer accorded; and other county asylums are likewise closed. Without patients, lectures are little better than useless; and it may be partly for this reason that there are only three schools in London at which such lectures are delivered. To overcome the prejudices and the ignorance which now impede the free admission of students to lunatic asylums would be a truly herculean labour. There is reason to hope, however, that the projected metropolitan asylums may in some degree meet the want; and, if so, the advantages that may be expected to accrue would probably soon unlock the doors of the now existing institutions. *The Times* justly points out that the erecting of "mad doctors" into a distinct caste is probably in itself a great cause of insanity, because it deprives ordinary practitioners of all knowledge of the precursory symptoms; while the specialists themselves, even if they possess such knowledge, have few or no opportunities of using it. The hapless public thus falls to the ground between two stools—between the doctor who has never learned to recognise the approach of insanity, and the doctor who will have nothing to do with it until it has really arrived.

THE POOR-LAW BOARD AND THE FARNHAM GUARDIANS.

WE should very much like to know what is the precise meaning which the President of the Poor-law Board attaches to the words "equitable jurisdiction." Mr. Goschen is a just man, and it is, therefore, a considerable puzzle to us to understand the application of this equitable jurisdiction to the case of the Farnham guardians. Those gentlemen thought proper to incur a series of totally illegal expenses. THE LANCET Report disclosed in their workhouse such serious abuses that a public inquiry became absolutely necessary. The guardians were afraid to trust to the ordinary methods of self-justification, and insisted on retaining expensive legal assistance. The cost of this luxury they sought to charge upon the poor-rates. The Auditor of the Poor-law Board very properly disallowed their claim, and it is certainly a matter for astonishment that the new President should have thought fit, while expressly confirming the Auditor's judgment as to its illegality, to make a special exception to a rule in their behalf, and to present them with the costs of their very improper expenditure out of the pockets of the Farnham ratepayers. Such an extraordinary act of clemency could only be justified in case the allegations which led to the inquiry had been proved entirely untrue. All the world knows that the charges were, on the contrary, proved to be substantially true, and that the inquiry which this journal forced on proved of the greatest service to the cause of reform in the country workhouses generally. Again we ask, What does Mr. Goschen mean by "equitable jurisdiction"?

MEDICAL CERTIFICATES.

AT a recent trial in the Cheltenham County Court, in which Mr. Sims Reeves had been summoned by subpœna as a witness, he sent to the court a medical certificate, setting forth that he was too ill to attend. The Judge refused to admit the certificate, and fined Mr. Reeves for non-attendance.

It cannot be too generally known in the profession that judges, whether of county or superior courts, will not receive medical certificates as valid excuses for the absence of persons whose duty it is to be present. There are obvious reasons why they should not do so; because such documents might sometimes be obtained, on very slight grounds, from practitioners of too facile disposition, and because, even if well founded, they carry no evidence of their own genuineness. The judges will always receive medical *testimony*, but not medical certificates, except under very peculiar circumstances. A practitioner who is asked for a sick certificate should, as a rule, decline to give one, and should offer to attend the court, and to give evidence. The judge would always hear him in the first interval of business, and would make such orders as the case might seem to demand. When the trial is at a distance, the sick certificate should at least be presented by some person who had witnessed the doctor's signature, and who was able to testify to the *bona fides* of the document, and to the circumstances under which it had been obtained. Attention to these simple rules would save medical men from the annoyance of being treated with apparent, but only with apparent, disregard.

THE CONTAGIOUS DISEASES ACT AT DEVONPORT.

THE satisfactory mode in which the Contagious Diseases Act has been worked at Devonport in the Lock wards of the Royal Albert Hospital has been more than once a subject of comment in our columns. These good results have undoubtedly been due to the harmonious working together of the authorities of the hospital, its medical officers, and the examining surgeon appointed by the Admiralty. This unanimity seems to be undergoing some disturbance, primarily, we believe, from the fact that it is in contemplation, under a new and more extended Contagious Diseases Act, to transfer its powers from the Admiralty to the Home Office. Of course this will in no way affect the medical staff of the hospital, but it may very possibly affect the position of the examining surgeon, who is at present in the enjoyment of £300 per annum in addition to his full pay as a naval surgeon. As long, however, as the Lock wards remain part of a public charity, although supported by Government, so long, in our opinion, ought they to be under the management of the medical officers of the charity. If the Government chooses to build Lock Hospitals on its own account, it is of course at liberty to officer them as it pleases, and may employ either military or naval surgeons as may be most convenient; but we feel sure that the profession and the public would look with jealous eyes upon any official interference with the rights of the honorary officers of a charity, under any pretence of official zeal or red-tape routine.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society, on Tuesday evening, papers by Mr. Furneaux Jordan and Mr. Birkett were read and discussed. Mr. Furneaux Jordan brought before the Society the description of a case of incised wound of the knee-joint, treated by blisters to the thigh as a means of preventing inflammation. The case served only as a peg on which to hang an account of the author's peculiar views about the advantages of counter-irritation; and these views are stated in some detail in a paper in the current number of the *Practitioner*. At the meeting they excited considerable discussion, and some amusement; especially when it appeared that Mr. Jordan regarded a contused wound of the joint, with much injury to the parts around, as being less dangerous than an incised wound, on the ground that the contusion and laceration served to set up "counter-irritation," which diminished the risk of inflammatory action in the articulation itself.

It is pleasant to observe, however, a tendency to inquire closely into the utility and mode of action of the various forms of artificial inflammation that are excited by such agents as cantharides, the cautery, &c.; and although we cannot at present consider that Mr. Jordan has established even the main proposition for which he contends, it would be impossible to doubt that he has done enough to stimulate inquiry, and to point out important directions in which it should be pursued. The use of blisters in acute rheumatism may probably be looked upon as having been the first step towards the attainment of some scientific knowledge of the conditions of their utility; and one of the earliest practical aims of inquirers in this direction should be to determine what are the most desirable relations, vascular or nervous, between the organ that is diseased and the part that is blistered. In other words, a local malady existing, where should the blister be applied?

PRINCE LEOPOLD.

WE are glad to be able to give a very good account of the health of Prince Leopold. His Royal Highness, as is well known, has exhibited at different times a disposition to loss of blood from the mucous membranes—a state of things which is characteristic of what is known as the hæmorrhagic diathesis. The Prince was seized with another attack on Thursday afternoon, the 18th instant. Dr. Hoffmeister was soon in attendance, and remained all night at Osborne. Sir William Jenner arrived early next morning from town, and under his charge the Prince has progressed most favourably, and is at the present time quite convalescent. It is very satisfactory to be able to add that, on this occasion, there was far less cause for anxiety than existed last year. This, together with the consideration that during the past twelvemonth his Royal Highness's health has materially improved in every way, affords reasonable ground for believing that the tendency to hæmorrhage has lessened, and may continue to decrease in the future. Of course some anxiety must necessarily still continue to exist.

GREENWICH HOSPITAL.

DR. FREDERICK JAMES BROWN, the indefatigable upholder of the rights of the Naval Medical Service, has forwarded to us a pamphlet, in which he contrasts forcibly the promises and the performance of the present Board of Admiralty with regard to Greenwich Hospital. The recent Admiralty job of appointing a sinecure Governor of the Hospital, at a salary of £433 per annum, in addition to his half pay, has not unnaturally recalled attention to Mr. Childers' words, in May, 1865, when he said,—"He hoped the House would resist the attempt to retain sinecures at Greenwich, and that the offices of Governors and Lieutenant-Governors would not be maintained."

Within one month after the death of Admiral Sir James Alexander Gordon, who had held the office of Governor of Greenwich Hospital since 1853, but whose authority and duties were entirely abrogated by the Act of 1865, Mr. Childers has appointed another admiral to the vacant post, at an expenditure of a sum equal annually to the pensions of 157 seamen and marines, who have been driven from active service at fifty years of age by sickness, shattered health, or wounds, these men being actually deprived of the sum which would otherwise be distributed amongst them.

As regards the medical profession, however, Mr. Childers has been even more unfair, since in the speech from which

we have already quoted he said:—"With respect to the doctors, the Government did not propose to take away any part of their employment;" and accordingly no pensions were allotted to the Inspector-General, although ten pensions of £150 each were allotted to admirals. The Order in Council of 1865 promised the appointment of two Inspectors, and two Deputy-inspectors, of Hospitals to Greenwich, which promises were never fulfilled; the same party, politically speaking, has recently abolished the office of Inspector at Greenwich, that having been the work of the late Government, in deference to the wishes of the Opposition. Clearly, if it was anticipated that the posts of Inspectorships to Greenwich Hospital would be lost to the Naval Medical Service, it would have been only right to institute pensions for the rank of Inspector. To effect this, however, the pensions to admirals must have been curtailed; and we know how seldom the official mind can bear to contemplate any reduction of the emoluments of the "executive."

HATFIELD BROAD OAK COTTAGE HOSPITAL.

WE have received the Second Annual Report of this hospital, and congratulate its promoters on the success that has attended their efforts. In small places, or in thinly-peopled localities, we look upon cottage hospitals as institutions of great value, and worthy of every encouragement; but we should be glad always to see the name of more than one medical officer attached to them. They should serve, we think, as centres of medical union in their several localities; and, if only one doctor is really needed, the rest should at least be induced to give a nominal co-operation. The report is of especial interest just now, from the evidence it affords of the enormous cost of small hospitals. Under the circumstances which require a cottage hospital at all, this cost cannot be avoided; but we shall aid our readers to imagine the waste consequent upon the multiplication of small hospitals in towns, if we say that at Hatfield, with only a nominal charge for rent, the total cost of thirteen cases, treated during the year 1868, was £120 16*s.* 9*d.*, or £9 5*s.* 1½*d.* per case. The London hospitals were said by *The Times* to have received, in 1867, 78,916 in-patients; and, at the same rate, their expenditure for the in-patient department alone would have been considerably more than three-quarters of a million of money.

DR. EDWARD SMITH, F.R.S., ON VENTILATION.

ON Wednesday evening Dr. E. Smith, F.R.S., delivered a lecture "On Ventilation," the greater portion being taken up with an exposition of the "abstract principles involved in the movements of air, and the numerous methods by which architects and others are groping their way with much blundering to a satisfactory result." The first part of the lecture was of the most elementary character; very little was said of secondary currents, the relative weight of large columns of air of different degrees of temperature and humidity, the relative effects of ozone, carbonic acid, and organic matters in excess, and many other points. Dr. E. Smith propounded some novel and somewhat startling propositions, which we venture to think would not have suggested themselves to anyone but an inspector of workhouses. Then he expressed his opinion "that a certain want of freshness, or closeness, may occur without known injury to health; that foul odours do not necessarily imply unhealthiness, and that we must strive to ascertain whether the foul smell proceeds from dirty clothes, and particularly dirty stockings and unwashed skins, or is simply that which occurs with cleanly persons." We have been accustomed to think that the former exhalations are even more injurious than the latter, simply because they are in a more concentrated form, and we envy the possession of those experienced olfactory powers which enable Dr. Smith to perceive and weigh the effect of the variety of smells with so much nicety. We might have expected a Fellow of the Royal Society to propose some scientific standard of good ventilation; but Dr. Smith is of opinion "that it is sufficient when the air of the night's use is not more offensive than is found in an ordinary private bedroom of the middle class." We shall no longer wonder at any amount of closeness and foulness which may be found in workhouses under Dr. Smith's inspection. The fact is, the whole of these propositions are conceived in the spirit of compromise, and demand our most strenuous protest. There is no subject which is more obscure than ventilation either in its scientific or practical aspect, but it is clear that no enlightenment can be hoped for from the medical adviser of the Poor-law Board.

LESIONS OF THE BRAIN.

THE advocates of the localisation of the faculty of speech in some one particular part or region of the brain, are not left in quiet possession of their hypothesis. The subject, which has been much discussed at the Medical Society of London during the present session, came up again on Monday evening last, when Dr. Day, of Stafford, read an admirable practical paper on the consequence of lesions of the brain from wounds and from disease. In one case recorded by the author, a man, who had met with an accident from the explosion of a gun, had the breech of the gun lodged in the brain. He carried the breech for months, walking from Walsall to Newcastle-on-Tyne and back again in search of work, and showing no evidence of special cerebral disease. After the death of this man (he died in the Stafford Gaol), the breech of the gun was removed from the brain. The discussion which ensued was remarkable for the extreme difference of view held by various speakers respecting the consequences of cerebral lesion.

THE MIDDLESEX HOSPITAL HOME FOR NURSING.

IT will be remembered that a fund was originated in August last with the object of providing a home for the nurses employed in this hospital, or in connexion with it. There was a liberal response to the appeal. About sixty persons are to be accommodated, and each nurse is to have a separate cubicle. Apartments also are allotted to nurses who fall ill in the exercise of their duties. The building was commenced in November. It will be completely finished, furnished, and ready for use on the 13th May, and H.R.H. the Princess Mary of Teck has graciously promised to open it. In the evening a "festival dinner" will take place at Willis's Rooms, under the presidency of the Right Honourable Viscount Enfield, M.P.

SMALL-POX IN MELBOURNE.

AN interesting account of the introduction of small-pox into Melbourne is given in the last number of the *Australian Medical Journal* which has reached us. It seems that on the 22nd November the *Avonvale* arrived from Foo-Chow-Foo. On the 20th, two days previously, the chief officer fell ill, and he came ashore on the day of the ship's arrival; on the 24th he was removed to the General Hospital; and on the 27th the case was reported as one of small-pox. The patient was on that day sent to the Immigration Depôt Hospital, and the ship in which he arrived was completely isolated and sent to quarantine. Every precaution was taken to

prevent the spread of the disease. On the 14th December, however—the chief officer having died on the 4th,—a patient in the General Hospital was seized with small-pox, and subsequently died; and on the 18th a girl residing near the Immigration Hospital was seized. No further particulars are at present forthcoming. The Australians are justly wroth at the fact of the ship, which turns out to have had two of its crew killed by the disease on its passage, being allowed to pass the health officer as clean; and call for immediate inquiry in order to discover upon whom rests the blame for a dereliction of duty by which the health of Melbourne was jeopardised. Prior to this event, small-pox was virtually unknown in the colony.

THE STUDENTS' DEBATING SOCIETY.

THE first meeting was held at University College on Wednesday last, on which occasion an eloquent address was delivered by Dr. Sibson, who dwelt upon the fact that students of medicine would discover, by participation in the work of the Society, that as they gain in bodily strength by turning for short recreation from the field of medical knowledge to athletic sports, so will they gain in intellectual vigour by mingling their purely professional studies with the pursuits of literature, of history, and of the social questions of the day. They would avoid an over-professional bias, and, by their intercourse with all that is healthy and elevating in intellectual pursuits, keep their minds from being too much saturated with the ever-recurring and varying aspects of disease, and be enabled to view the latter with greater freshness and truth by an active employment of and comparison with the healthy functions of the mind and body. The office-bearers for the ensuing session were subsequently elected, with Dr. Sibson as president, Professor Seeley and Dr. J. Murray as vice-presidents; a treasurer, two secretaries, and representative members from the students of different schools were also appointed.

MR. PEABODY'S FUND.

THE trustees of the Peabody Fund have issued their annual account of their stewardship, in which they state that they have now provided house accommodation for working men, earning on an average less than a guinea a week, to such an extent that the total population of the buildings is now 1971. The trustees say also:—

"In the organisation and management of these buildings it has been the study of the trustees to impose no restriction on the entire freedom of action of any tenant, so far as is consistent with the comfort and convenience of all; there are no rules which interfere in the slightest degree with their privacy or independence; all have uninterrupted ingress and egress at all hours, are as fully masters of their houses, and can live in as much seclusion and retirement, as if dwelling in any other building in the adjacent streets.

"The sanitary condition of the buildings shows an entire exemption from endemic diseases, and from those complaints incident to low and crowded localities. Good ventilation and cleanliness are characteristic of the dwellings. An unlimited supply of water, and bath-rooms free to every tenant, together with enclosed playgrounds for the children, have already produced a salutary effect, not only among the young, but perceptibly in the increased tidiness and cleanliness of the old."

The Report concludes with the following paragraph, which is, we think, well deserving of the early attention of the Legislature:—

"The trustees wish it to be observed that by far the most serious item in the out-goings for these properties is that for local and parochial taxes, amounting to £744 10s. 3d. per annum, a charge which, they regret to say, is still increasing, and which injuriously interferes with their means of usefulness."

SCARCITY OF SUBJECTS.

THERE would seem to be considerable scarcity in the supply of subjects for dissection in some of the principal London schools. The inconvenience is especially felt at Guy's. At this school, where there are about 150 students in the dissecting rooms, the last body was received on the 4th of February; and not much more than one half the usual number of subjects has been hitherto received. There is an intimation in the dissecting rooms to the effect that as bodies are so scarce, the usual notice of the subjects of demonstration cannot be given, but the demonstrations will be held on the usual days. Men from other schools are seen in the model room of Guy's, getting up their anatomy there; and this would seem to imply a scarcity of subjects. At University College students grumble bitterly. Some of them had had, at the time of our inquiry, only one part, and did not know whether they would get another. At Charing-cross the same lack of subjects exists. At St. Bartholomew's, throughout the session, the supply of bodies has been most unusually short, though at the present time it is slightly better. The Westminster Hospital is said to be so well supplied that students from other hospitals are entering there for dissection only.

A PROTECTOR TURNED TRAITOR.

A MOST remarkable story of coincidence comes to us from the Middlesex Hospital. On Christmas-day, 1867, a young man was garrotted. Next day he bought a pistol, which from that time he always carried about with him when out at night. On Boxing-day, 1868, he went to a dance, and, with proper regard to consistency, took his pistol with him in the pocket of his overcoat. When the party was over there was the usual search for coats and hats, and the little room in which these were placed was filled with twelve or fourteen persons. One of this number took up the young man's overcoat by mistake for his own, the trigger of the pistol was accidentally jerked, and the weapon went off, *shooting its owner*, who that day twelvemonth had purchased it to protect his life! He was admitted into hospital under Mr. De Morgan's care, with a dangerous wound of the chest, from which he has now happily recovered. After this, what critic will dare to comment upon the improbabilities of sensation novels?

DRUNKENNESS AS A DISEASE.

DR. BACON read a paper on this subject at the last meeting of the Cambridge University Medical Society. He noticed the prevalence of the evil in northern climates, and classified drunkards as the casual, the chronic, and those in whom the tendency to excessive indulgence was a purely mental disease—a form of insanity called dipsomania. The chronic drunkards he described as the most intractable—women preponderating over men,—as generally of the class above want, and often clever and agreeable persons, though full of deceit, and capable of any stratagem to gratify their appetite for drink. The vice or the disease is often transmitted. He quoted Dr. Howe as showing that, in the State of Massachusetts, of 300 idiots, as many as 145 were the offspring of intemperate parents. Dr. Bacon advocated the establishment of sanitaria for the treatment of inveterate drunkards. It is amazing that such institutions are so rare, and that we are as yet without legal sanction for treating chronic or inveterate drunkenness as a case of insanity or irresponsibility. Many a good life and character would be saved if the law would give this power to friends, subject to medical certification. The very fear of being sent to such an institution would operate powerfully in some cases. The study of drunkenness as a disease is still

imperfect, and would well repay more special attention than it has yet received.

SYSTEM OF ADMISSION TO HOSPITALS.

SOME four or five years since a series of very able articles—which attracted much attention at the time, and to a great extent anticipated in one direction the present discussion in regard to hospital administration—appeared in the *Birmingham Daily Post*. We suppose that it is no secret that they emanated from the pen of Dr. Heslop. In these articles, which are now reprinted in a pamphlet form, and published by Benjamin Hall, of Birmingham, the writer discusses with much ability the evils of the present privileged system of admission, and declares in favour of the free method, by which every case is admitted on its own merits, and no more are admitted than the funds of the hospital will properly allow. We may, probably, have again to refer to Dr. Heslop's papers. Meanwhile we call the attention of the profession to their value, in order that those who are interested in the great question of hospital administration may consult them.

ROYAL COLLEGE OF SURGEONS.

THE Lectures on Comparative Anatomy at the College for the present year, by Professor Huxley, commenced on Monday, the 22nd inst. The subject of the course is the Construction of Vertebrated Animals, and is to some extent complementary to that of last year, when the invertebrata were considered. The first of these lectures was occupied with a description of the essential characters of the vertebrata, and of the five classes into which that sub-kingdom is usually divided; and the second, with the structure of the ovum, the recent important investigations of Professor His, of Bâsle, being fully given. The remaining lectures will treat of the several organs in succession, the most extended consideration being given to the skeleton.

FEVER AT BRIDPORT.

AT Bridport, a town in Dorsetshire, there has been, according to the statement contained in a local newspaper, a considerable prevalence of typhoid fever; and the local Board of Health have had two meetings to consider the subject. The first meeting seems to have been spent in a desultory conversation; while at the second the proposition "that some measure should be taken to bring a good supply of water into the town" was decided against; and an amendment, "that the matter be postponed for three months," was carried.

It is stated that the water is contaminated with sewage; and this has been pretty clearly demonstrated by Dr. Hay, a member of the Board, and one of the medical officers of the Bridport Union. He pointed out what he considered the principal things which required to be dealt with. The following are his words:—

"I think the chief thing is the getting of a better and purer supply of water in the town; because it is quite certain that, surrounded by cesspools as they are, a portion of the contents must percolate into the wells. I heard to-day of a place where some disinfectants were thrown down a sink into the drains, and, not long after, the parties living on the premises tasted the disinfectant in the water from the well. I have no doubt this arose from the disinfectant percolating from the drain into the well; and, of course, if this will do so, other matter will do the same. I do think it necessary that, some way or another, a good supply of water should be brought into the town."

It appears that the old principle which has so much weight with ignorant persons is of paramount influence in Bridport—viz., the cost of the undertaking. The case is one that should be met at once by the Sanitary Act. By the way, we hope that some member of the House of Commons will inquire as to the reason of the long delay which has taken place in the commencement of the labours of the Sanitary Commission. There are now several members of our profession in the House, and one of them might very appropriately move in this matter.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

WE are glad to be able to record that the meeting of Governors, over which Lord Granville presided on Tuesday last, unanimously agreed to accept the resolution of the Council to raise the charge to all pupils residing in the College, except the Foundation scholars, the Surrey Society's scholars, and the exhibitioners, from £40 per annum to £45; and that the second bye-law should be altered accordingly. The Council room of the office in Soho-square, where the meeting was held, was unusually full of governors, many of whom came from great distances to attend this important meeting, and one or two attempts were made to resist the proposed change, on the ground that the "founder" had promised the profession both a cheap and good education. Lord Granville said that he sympathised with those governors who were opposed to a higher rate of charge, which he felt ought never to be made unless good cause could be shown for it. In this case, however, he believed that the Council, who recommended the increased rate of terms, were right, because they had weighed well the entire question. In some respects he might take to himself some share of the responsibility of this change, having called attention to the want of success of the boys from Epsom at the examinations of the University of London.

We doubt not that the additional funds placed in the hands of the Council by this resolution will be wisely used, and directed to the future success of this noble institution.

THE DISTAL OPERATION FOR ANEURISM.

WE are reminded, by an interesting paper in the *Medical Record*, of New York, of the 1st inst., on the distal operation for the cure of aneurism of the innominata, with the report of a case successfully treated by ligature of the carotid and subclavian arteries, by Dr. Henry B. Sands, surgeon to the New York and Belle Vue Hospitals, of the labours of a man who has just passed away from us,—Dr. Wardrop. In 1825, when the distal operation had not attracted much attention, and was not regarded with favour by surgical writers, he tied, and with success, the right common carotid for aneurism affecting the lower part of the same vessel. The operation was performed on this occasion strictly in accordance with the principle advocated by Brasdor, with whom and Desault the idea of this operation seems to have arisen. Brasdor proposed that no collateral branch should intervene between the ligature and the sac. The account of Dr. Sands' case and operation is worth reading for itself, and the paper contains, in addition, a brief historical summary of the various operations of this kind which have been performed since its origin.

Dr. Sands' patient was a woman with a soft pulsating tumour at the root of the neck, behind the sterno-clavicular joint, the bones composing which had undergone partial absorption. A double murmur was heard over the aneurism. The case was seen by Dr. Draper, (who made some observations with the sphygmograph,) Drs. Van Buren, Austin Flint, and others, and in consultation they all agreed that the disease was aneurism of the innominata, although there was some diversity of opinion in regard to the extent of the disease. It will be in our readers' recollection that Mr.

Heath, in 1865, ligatured the carotid and subclavian in a patient for a similar affection.

SAD INSTANCE OF UNQUALIFIED PRACTICE.

A CASE of death, which wears the most serious aspect, is recorded in the *Yorkshire Post* of the 19th inst., as having been investigated before the borough coroner. A woman named Scott, aged forty-six, and a widow, had been suffering from tumour of the breast for two years. She got worse, and took to her bed. A friend named Richard Atkinson, we are told, "caused a plaster to be applied to her breast; and a suspicion was entertained that death was owing to a quantity of arsenic which, it is alleged, the plaster contained. Atkinson did not prescribe professionally, but merely as a friend, who thought himself qualified to arrest the progress of the disease." The plaster was kept on for more than a fortnight.—A chemist deposed that he sold Atkinson eighty grains of arsenic; and was told that the latter wanted to mix it with buttercups, acorns, and other products for the cure of cancer in a patient who had been under the buyer's treatment eight months.—Dr. Clifford Allbutt, who saw the patient during life, found an ugly black slough on the right breast, and, after death, ascertained positively that the disease was not cancer. He stated that the use of arsenic was improper, and in the highest degree dangerous.—Mr. Brain concurred; and Mr. Scattergood found by analysis arsenic in various parts and organs of the body—liver, urine, both breasts, &c.—The coroner directed the jury to return a verdict of manslaughter if they found that death was the result of poisoning. Eleven of the jurymen believed this to be the case; but two did not, and an open verdict was returned.

Now, this is a very serious case. Who can doubt that the arsenic gave rise to the sloughing of the skin, was absorbed into the system, and caused death? There never was a clearer case to prove how urgently an amended Medical Act is needed to restrain those who are not duly qualified from attempting to treat disease.

NAVAL MEDICAL INTELLIGENCE.

ON Thursday, the 18th inst., Dr. Alderson, President of the College of Physicians, and Mr. Cock, senior Vice-president of the College of Surgeons (acting for the President), met the Director-General of the Navy, Dr. Bryson, at Somerset House, to award the Blane medals of the present year. These medals, the legacy of Sir Gilbert Blane, are allotted to the medical officer whose reports of cases and scientific acquirements render him, in the opinion of the adjudicators, worthy of the honour. On the present occasion a medal has been awarded to Staff-surgeon John Jack, of the *Mersey*, and another to Mr. Henry Hadlow, who is serving on board the *Ariadne*, the frigate in attendance upon their Royal Highnesses the Prince and Princess of Wales in the Mediterranean. This medal has in former years been awarded to many medical officers who have subsequently attained high rank in the service; among whom we may mention Inspectors Armstrong, Salmon, Wilson, Leonard, and Johnston, Deputy-inspectors Smart, G. Mackay, A. E. Mackay, Macleod, &c.

Among other retrenchments of the present Government, it has been decided to hold no more examinations for the entry of assistant-surgeons, or for promotion to the rank of surgeon, at present. The authorities believe they will effect a saving by employing surgeons at full pay to do assistant-surgeon's duty, rather than by placing unemployed surgeons on half-pay, and filling up the vacancies in the assistant-surgeons' list.

We learn that in the forthcoming naval estimates there will be no provision for the Marine Infirmary at Plymouth, the patients of that institution being about to be transferred to the Naval Hospital, and the medical officers appointed to other duties.

Commodore Randolph, whose shameful behaviour to Dr. Stirling was allowed to pass unrebuked by the late Board of Admiralty, has been recalled from his command at the Cape of Good Hope. This loss of appointment is due, however, we fear, more to the proposed amalgamation of two African commands, than from any wish of the authorities to show their appreciation of the Commodore's conduct.

We regret to note the death, on the 21st inst., of Deputy-inspector of Hospitals Dr. Charles Ritchie Kinnear, who was on the retired list.

EARNING HIS BREAD BY THE SWEAT OF HIS BROW.

DR. WALLACE, one of the Poor-law medical officers of the Shoreditch Union, lately presented himself before his Board of Guardians, and asked for an increase of salary. His plea was that the number of cases had doubled since 1864: 6475 visits were made last year, and for many of the cases he only received about a penny. According to the number of orders, he was paid at the rate of 7¼d. per case; and this without taking into account midwifery cases, examination of lunatics, and other matters. Truly he might well ask that his pay should be increased, or his work lessened. The matter was referred to the Infirmary Committee; and it will indeed surprise us if the statement of this hard-worked officer do not secure him some sort of justice.

THE SALARIES OF THE MEDICAL OFFICERS IN MARYLEBONE.

As an appropriate sequence of the *Daily Telegraph's* description of medical labours in Marylebone, it is announced that Mr. Benson Baker's salary has been raised from £200 to £230, and that of Mr. Montague Thomas from £170 to £220. The *Daily Telegraph* observes that the guardians could commit no greater error than that of starving the doctor, for in the long run that means starving the poor. Reduction of the rates will not be attained by misplaced niggardliness. We commend the advice to many other boards of guardians.

A JOURNAL OF PARASITOLOGY.

PROFESSOR HALLIER, of Jena, has just made arrangements with "some excellent workers" to publish a journal of parasitology, a subject of much importance, whose further study is likely to be of great value to the science and practice of medicine in the future. The journal will admit papers that treat, not only of the parasites of man and animals, but of plants, as well as of the diseases and epidemics connected with or dependent upon parasites. Contributors are to have their papers printed in their own language. The journal is to appear every two months, each part consisting of eighteen or twenty sheets, and it will be illustrated with plates.

THE SALE OF POISONS.

IT is quite clear, from the very many communications which we still receive, asking for explanations relative to the operation of the Pharmacy Act, that considerable ignorance prevails as to its various provisions, and as to the mode in which these would be interpreted by a legal mind. A very useful commentary on the Act has just been published by the solicitor of the Pharmaceutical Society, Mr. Flux, which may be referred to with advantage.

ACTION AGAINST A MEDICAL PRACTITIONER FOR ALLEGED NEGLECT.

AN action was brought against Mr. Bates, surgeon of North Shields, for the recovery of £50 damages for alleged neglect in his attendance on the wife of a carver and gilder during her confinement. The principal points in the charge were that Mr. Bates left before the birth of a second child, did not come for many hours though repeatedly sent for, and that on the subsequent day he either examined her imperfectly or failed to see her. She fell into a state of puerperal phlebitis. The defence was that there was no neglect on the part of Mr. Bates. The medical evidence to this effect was very strong, including that of the leading practitioners in North Shields and of Dr. Donkin, lecturer on medical jurisprudence in the medical school of Newcastle-on-Tyne. The Judge, in summing up, expressed himself strongly in favour of the defendant, considered the charge of neglect disproved, and that Mr. Bates's treatment was usual and proper. At first he granted Mr. Bates costs; but afterwards asked Mr. Adamson not to press for costs. Such results as this should be a warning against the unreasonable prosecutions of medical men.

EXTENSION OF THE CONTAGIOUS DISEASES ACT.

WE understand—and we trust our information is correct—that it is the intention of Government to introduce a Bill on this subject during the present session. It is very probable that any legislative measure will be founded upon the basis of the report of the late committee of the House of Lords.

TYPHUS VICTIMS.

TYPHUS FEVER seems to be relentlessly claiming for its victims at the present time many members of our profession. Several cases in point have been recorded in our columns during recent weeks, and now a sad tale is told in Ratcliff of two gentlemen, Drs. Orton and Arnold, who have succumbed to the fatal disease, caught during their attendance upon the sick. Dr. Arnold, in trying to administer a certain medicine to a poor foreigner stricken with typhus, seems to have been bespattered with the saliva coughed out by the sick man, and to that he attributed his death. The consciousness of impending sickness appears from the moment of that occurrence to have taken possession of his mind. Another practitioner in the neighbourhood has been seriously ill from typhus.

THE WALSALL WORKHOUSE.

WE rejoice to hear that new tramp wards will form no inconsiderable feature in the extensive improvements about to be effected in the Walsall Workhouse. These kennels, which were condemned more than twenty years ago, have not long survived the attack made upon them in our report, which caused so much controversy last year. We suppose a reasonable delay has been permitted in order to cover the retreat of the inspector and the guardians; but we can afford to be satisfied with a delayed capitulation so long as our objects are so substantially attained.

THE NEW TACTICS OF HOMŒOPATHY.

THE homœopathists seem very anxious to merge their hospitals into the general hospitals of the country. Whether it is because they feel that homœopathy is no longer capable of an independent existence, or that funds are hard to raise, we cannot tell. Or whether they expect to be martyrised by the objection that will be unanimously made to such a step by the regular practitioners of the country, we do not know. But everywhere they are trying an experiment which they must know will everywhere fail. The last place at which they have proposed the fusion is in Birmingham. They will have no greater success here than at other places. A similar suggestion was made some years ago only to be rejected. It should be rejected now even more decisively.

UNDISMAYED by his defeat as one of the candidates for the constituency of the City of Dublin, Sir Dominic Corrigan has a second time presented himself to the electors. His address was published on Thursday morning.

WE have much pleasure in mentioning that Dr. Brown-Séquard has been officially appointed Professor of Experimental and Comparative Pathology at the Paris School of Medicine. Dr. Brown-Séquard's nomination has been greeted with general satisfaction by the medical circles of France.

A DEPUTATION waited on the Right Honourable Robert Lowe, the Chancellor of the Exchequer, on Thursday afternoon, to urge upon him the importance of distributing to the registered medical practitioners of the United Kingdom the "Nomenclature of Diseases," drawn up by a Committee appointed by the Royal College of Physicians. The deputation consisted of Dr. Alderson, F.R.S., the President of the College, the Censors, Treasurer, and Registrar; Sir Thomas Watson, the Chairman of the Nomenclature Committee; representatives of the Medical Services of the Army, Navy, and India, and of the Registrars-General of England, Scotland, and Ireland; and various Fellows of the Colleges of Physicians and Surgeons. The Chancellor of the Exchequer promised attention to the subject.

THE President of the Medical Society of London, Dr. Richardson, F.R.S., gave a *conversazione* to the Council, which was fully attended by a large number of the profession and literary men, on Thursday week. Many objects of special scientific and literary interest were displayed, including the many rare works which belong to the Society. The *conversazione* closed with an elegant *souper à la fourchette*, and the company separated at a late hour.

FROM the *United Service Gazette* we learn that the question of the pay of Indian medical officers having been again submitted to the Secretary of State for India, he has intimated that he is "still of opinion that officers of the Indian Medical Service, on first appointment, should only come into receipt of Indian pay and allowances from date of arrival within the limits of the Presidency to which they have been gazetted; but whenever they may be provided with passages on board her Majesty's Indian troop-ships, they will be considered as entitled to Indian pay and allowances on landing at Bombay."

WE hear that cholera has broken out in Persia, and that it is prevailing within a few miles of Bagdad. This becomes a matter of some importance, as the mass of pilgrims who annually visit the Mohammedan shrine have already commenced their journey.

THE authorities of Charing-cross Hospital have considerably enlarged their School Committee. All lecturers of two years' standing will now be included within it, and not a select few of seniors only, as heretofore. This is a step in the right direction. The limitation as to time, however, is objectionable.

THE Town Council of Edinburgh has resolved to prosecute the Bill now before Parliament for the new supply of water from St. Mary's Loch. The Council apparently sets little value on Dr. Letheby's warnings against forsaking tidal rivers for lakes as sources of water-supply.

THE French Academy of Sciences has done itself honour by electing Dr. Livingstone as a corresponding member. There were 56 electors, 44 of whom voted for our illustrious countryman.

THE Annual Court of Governors of the Sussex County Hospital was held on the 17th inst. It appears from the report that the building improvements are now satisfactorily completed, and that it is in contemplation to build a museum outside the hospital walls. A cordial vote of thanks was accorded to the medical officers for their valuable and gratuitous services.

THE Contagious Diseases (Animals) Bill, introduced by Lord R. Montagu and Mr. Selwin-Ibbetson, is a very short one. It provides that foreign animals shall not be landed in Great Britain except at ports from time to time prescribed by the Privy Council; and that they shall be taken to approved places of slaughter according as the Privy Council may determine. The remaining clauses refer chiefly to the purchase of sites, and the like.

WE are glad to be able to state that a ward is about to be provided for women in labour, apart from the ordinary lying-in ward, at the workhouse of the Highworth and Swindon Union.

AT the meeting of the St. Pancras Board of Guardians, the master stated that some of the wards were overcrowded, especially those devoted to surgical cases. The skin ward had been cleared to make room for more bad cases of erysipelas, and the skin cases placed in a ward in the house—a highly objectionable proceeding. Dr. Hardy suggested the erection of a tent hospital. The insane wards are much overcrowded, many females sleeping on the floors. The master also reported that many of the males who had sore legs ought to be treated in the infirmary. The chairman confirmed the master's statements. The report was referred to the Visiting Committee, in order that some arrangements might be made in the hospitals to receive patients.

WE find that an American edition of Professor Marshall's "Outlines of Physiology, Human and Comparative," of which we had occasion to speak very highly at the time of its appearance in this country, has been published. It is edited, with additions, by Francis G. Smith, professor of the Institutes of Medicine in the University of Pennsylvania. And a second American edition of Dr. Aitken's last edition of his "Science and Practice of Medicine" is advertised.

THE publication of a new periodical, entitled "Archives of Ophthalmology and Otology," to be edited and published simultaneously in English and German at New York and Carlshrue, is announced for the first week in May. The editors are Dr. Knapp (of New York) and Prof. S. Moos (of Heidelberg). The physiological connexion between the organs of sight and hearing explains the union of the two branches of medical science which will be discussed in its pages. Two handsome volumes in each year will appear, consisting each of about 300 pages. The work will be fully illustrated, and a number of men of eminence are announced as contributors.

ABSTRACT OF

THE GULSTONIAN LECTURES

ON

CERTAIN POINTS IN THE STUDY AND CLASSIFICATION OF DISEASES OF THE NERVOUS SYSTEM.

Delivered at the Royal College of Physicians.

BY J. HUGHLINGS JACKSON, M.D., F.R.C.P.

LECTURE I.

AFTER some introductory remarks, the lecturer urged that, whenever it is possible, we should study each case of nervous disease in a threefold manner: as it shows (1) damage at a certain point in a sensori-motor tract (Organ); (2) as it is an instance of local change of some wide-spread Tissue; and (3) as it is one of disorder of Function. He takes the word organ to imply, not only nervous centres, but—illustrating by motor organs—the nerves to the muscles they are known to govern. He remarks, too, on the importance of considering the relations parts have by their arterial supply. Arteries give to parts which have no relationship by continuity of duties, a relationship by community of nutrition.

When a certain muscular tract is affected—face, arm, and leg,—we infer that the corresponding internal lesion is in the region of the opposite corpus striatum, or thalamus opticus. Hemiplegia, and its mobile counterpart, hemispasm, the author believes, point to the same internal region damaged: probably not to the very same part. But although these motor disorders are alike as damages of one organ, they are different as disorders of function. It is the function of nervous matter to "store up" force for future expenditure. In hemiplegia, nervous tissue being destroyed, no force can be "stored up," and therefore none is expended. In hemispasm, nervous tissue being simply "unstable," force is "stored up," and is expended in a disorderly way. So then, besides noting the extent of muscular tracts affected, we have from the same stand-point to consider conditions of muscles in time.

This complementary study of the effect of absence of function, and "over-function," of nervous organs, is important for several reasons, and notably for this reason, that—in one instance at least—the muscles put in action when a nervous organ is "discharged," are not only those palsied when that organ is destroyed. In hemiplegia, the unilateral muscles are palsied; but in hemispasm these, and the bilateral as well, are put in motion. These facts are in accordance with, and, the lecturer believes, verify, the hypothesis Dr. Broadbent has put forward on unilateral and bilateral movements.

There is also to be studied the particular nature of the tissue-change: whether it be, for instance, disease of the true celebrant, nerve-tissue, or of the subservient, connective tissue; or, in more medical illustration, whether, for instance, the local change in cases of hemiplegia be a syphilitic nodule or an escape of blood in the motor tract, since in each of these, although the region palsied may be the same (both being cases of the common form of hemiplegia), they are really two different diseases.

Dr. Jackson believes that the general scientific world will more and more look to us for facts as to the physiology of the nervous system, and especially for more precise facts on the relation of mind to brain, such as cases of defect of speech supply. He urges that, whilst as medical men we endeavour in particular cases to find the organ damaged, we should as physiologists endeavour to trace the differences of speciality in the ascending line of function from the spinal cord to the cerebral hemisphere. By a careful study and comparison of the effects of damage by disease to each of the geographical regions of the nervous system we shall, he thinks, reach a knowledge of the fundamental plan of structure of the nervous system, and thus find out what is the general principle of localisation throughout the nervous system. He mentioned *seriatim* the chief symptoms produced by lesion of one lateral half of the spinal

cord, medulla oblongata and pons Varolii, those produced by lesion of the crus cerebri, thalamus opticus, and spoke in minute detail of the symptoms resulting from lesion of the corpus striatum. The corpus striatum is often damaged, and therefore the symptoms resulting from disease of this centre can be frequently studied. It lies close upon the organ of mind, and work at the disorders of function of the muscular region this motor centre governs (hemiplegia, hemichorea, and hemispasm), will, the author believes, give us a clue to the true interpretation of cases which it is the custom to call aphasic, &c., and to a knowledge of the principle of localisation and of the action of the two hemispheres in mental processes. He entered in some detail into the question of localisation. By a consideration of the symptoms produced by disease of the corpus striatum, the lecturer endeavoured to account for the paradox that—assuming the so-called faculty of language to "reside" in every part of the brain—damage near to the [left] corpus striatum did, and that damage distant from that body did not, destroy speech. This part of the lecture does not admit of brief abstract.

EDINBURGH INFIRMARY.

SINCE we last had occasion to notice the controversy as to the site of this institution, two important letters have appeared on the subject in the *Scotsman* and *Edinburgh Courant*—the former by Mr. Syme, the latter by Dr. Andrew Wood. Mr. Syme clearly proves that the new building should contain surgical as well as medical wards, and not (as proposed) be confined to medical wards only. The existing surgical hospital, in the opinion of seven out of the eight surgeons attached to it, is "defective in salubrity and also in the arrangements at present deemed requisite for such establishments." The question, Where should the new hospital be built? is answered by Mr. Syme with characteristic clearness and conclusiveness. It was at first proposed by the managers that "additional space should be obtained, to the extent of one acre, for building a merely medical hospital, by the purchase and removal of houses valued at from £60,000 to £70,000,"—for which proposal a bill was scheduled in Parliament. But the General Court of Managers, with the approval of the Court of Contributors, have withdrawn the application for an Act, on the ground that the carrying out of the plan would absorb the whole amount subscribed for building the new hospital. There have since been proposed four other plans, all of them based on the idea of bridging over the Pleasaunce, and acquiring ground on St. John's-hill. But these proposals, one and all, are met by Mr. Syme with the following objections—objections which he justly characterises as very serious: "First, the great expense that would be incurred for the purchase of valuable house property, estimated at from £40,000 to £70,000. Second, the distance from the College, which is considerably greater than that from George Watson's Hospital. Third, the remoteness for patients from all parts of the town. Fourth, the precipitous nature of the ground. Fifth, the unwholesome air of the Cowgate, gasworks, and densely-inhabited neighbourhood. Sixth, the injury to the Medical School which would result from its being deprived for three years of an hospital while a new one was being built after destruction of the old one." Mr. Syme concludes by urging the propriety of building the new hospital, medical and surgical, on the site of George Watson's. That institution has ground to the extent of nine acres—a space more than sufficient for the new building. Its exposure is south-west, and not, like that of St. John's-hill, north-east. "It is open and free on all sides, instead of being hemmed in by the constantly-increasing density of a crowded population." Not only is it considerably nearer the College than St. John's-hill, but it is easily accessible by patients from all parts of the town. "It is uniformly even, and gently sloping, and not like St. John's-hill and the present site, precipitous and irregular." Its healthiness has long been admitted, and its drainage, if improvement were necessary, could be made perfect at a cost of £300. It may be had for £26,000; and, lastly, it would admit of a new hospital being erected without disturbance of the old one, injury to the Medical School, or depriving the patients of relief. There is absolutely no foundation for the assertion that the site of George Watson's Hospital is ill-drained, and that it suffers from proximity to the meadows on the south. Mr. Syme furnishes evidence on this point which his opponents will not venture to dispute. His whole letter (which nothing but the extreme pressure of other matter precludes from appearing *in extenso* in our columns) is admirable for its calm and convincing force; and, together with the more dashing communication of Dr. Andrew Wood (who comes up, like Blucher at Waterloo, to convert discomfiture into a rout), seems, to our southern apprehension, to have fixed the proper site of the new hospital at Edinburgh *in secula seculorum*.

Correspondence.

"Audi alteram partem."

ON CONICAL CORNEA.

To the Editor of THE LANCET.

SIR,—I have only thought it necessary to notice one part of Mr. Carter's letter—viz., that in which he tries to make it appear necessary for the diagnosis of conical cornea to employ the ophthalmometer, and to note all its curvatures.

Now, I maintain that, in order to recognise conical cornea in most cases, nothing more is necessary than to take a side glance of the cornea. In all cases of high degrees of kerato-conus this will suffice; but I maintain further, that the ophthalmometer is unnecessary, even in slight degrees, and that the ophthalmoscope oblique illumination will give every needful information. In proof of this statement, I beg to quote an authority, who is generally allowed to be the highest in all that concerns the optical defects of the eye, and whose conclusions are, in most instances, received without questioning.

Professor Donders,* of Utrecht, in speaking of conical cornea or kerato-conus, says:—"*High degrees strike the eye at once.....In high degrees, the mere inspection of the curvature and profile satisfy the observer* that the radius of curvature in the centre of the cornea is much shorter, so that rays falling thereon from each cone of light must much sooner unite." The same author then goes on to show how slight degrees may be recognised by the aid of the ophthalmoscope, and considers the *ophthalmometer troublesome and, except in very exceptional cases, unnecessary* as a means of diagnosis, even in slight degrees of the disease. I could bring other authorities in support of the same view, but having already occupied more space than I think I should be justified in extending, I must beg to conclude, by declining any further controversy on the subject.

I am, Sir, your obedient servant,

W. SPENCER WATSON,

Assistant-Surgeon to the Central London Ophthalmic Hospital, and formerly Assistant-Surgeon to King's College Hospital.

Montague-street, Russell-square, Feb. 24th, 1869.

To the Editor of THE LANCET.

SIR,—Thanks to a postscript by Mr. Spencer Watson, I find my name figuring in a discussion in your columns about conical cornea; and as I am called upon by him to give evidence, I cannot refuse to say what I saw, or thought I saw, especially after the rough handling all concerned have received from Mr. Carter. It is only fair that I should come forward and take my share of the blows which he delivers right and left.

In ophthalmic matters I confess that I occupy the position of the "merest tyro." Perhaps Mr. Watson had me in his eye when he alluded to that type; at any rate, I consider myself already sat upon by Mr. Carter. But what I saw in the case about which the discussion has arisen was a remarkable projection of the left cornea, the outline of which,

* See New Sydenham Society's Translation of Donders on "Accommodation and Refraction of the Eye," pp. 550-1.

as seen in profile, whatever else it may have been, was certainly not spherical. Then I saw that in one eye the pupil had been converted into a beautiful vertical slit, and I learnt that the operation had been followed by a great improvement in the vision. I further saw the same change effected in the other eye. I was simple enough to consider that I had witnessed a triumph of scientific ophthalmic surgery in a well-devised and well-executed operation; but that was quite from a tyro's point of view.

Still, having some slight knowledge of the properties of lenses, I asked myself how it came to pass that cutting off the lateral marginal rays only could so greatly diminish the confusion, as to effect the improvement of sight which seemed to have followed; and knowing nothing about horizontal and vertical meridians, I found an answer satisfactory to myself in my own experience. I am a shortsighted individual, and I remembered how, before I took to spectacles, I obtained more distinct distant vision by nearly closing my eyes. Exactly, said I; just as I got better definition by shutting out marginal rays above and below, although I could not get rid of them all round, the operation has done good to her by intercepting the equatorial marginal rays. And, besides, I thought, the patient has only to half-close her eyes and she will cut off those rays not interfered with by the new disposition of the iris, and so admit none but central rays.

I dare say Mr. Carter may be less satisfied with this explanation than I was myself, in which case he will no doubt set me right in a way which I shall remember; but in the meantime I shall continue to think there is something in it, and that the case was, after all, one of those usually termed conical cornea. I hope the question will be set at rest by the production of the patient.

I am, Sir, your obedient servant,

Seymour-street, Feb. 28th, 1869. W. H. BROADBENT.

POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 20th inst., in an article headed "Poor-law Medical Service" (p. 267), you state, "This appears to have been instigated by a member of our profession, Mr. John Clay, whose conduct is inexplicable."

Now I beg respectfully, but most emphatically, to deny that the reduction of the medical officers in the Birmingham parish from eight to five was instigated by me; and, pending other proceedings, I may add that at the proper time I shall be able to show that my conduct in this matter is not so "inexplicable" as you have led your readers to suppose.

I am, Sir, yours faithfully,

Newhall-street, Birmingham, February 24th, 1869. JOHN CLAY.

THE INJECTION OF PERCHLORIDE OF IRON IN POST-PARTUM HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—Having been recently from home, I did not read until within a day or two, Dr. Barnes's letter on the above subject in your number dated the 30th of January. I would most strenuously call the attention of every country practitioner to his lucid remarks, for having myself used the same remedy (wholly independently of Dr. Barnes) in many instances since October, 1859, when I first plugged the vagina with the perchloride in an alarming case of abortion, I am in a position most fully to endorse every word he has said on the subject.

The remedy is invaluable to us provincials, who are so often obliged to work single-handed, miles and *hours* from any skilled assistance. Should you deem my experience of the perchloride worthy of insertion in THE LANCET, I shall be happy to afford it, as I am anxious that every obstetric practitioner should be made aware of its value.

In April, 1865, I read a paper on the subject at a meeting of the West Somerset Branch of the British Medical Association, in Taunton. The members present requested that I would send it for publication in their *Journal*, which I did in October last, giving also my further experience.

The editor, for reasons best known to himself, has not acceded to this request; and I do not consider myself guilty of any want of courtesy towards him, when I humbly offer my crude remarks to you.

I am, Sir, your obedient servant,

South Petherton, Somerset, Feb. 16th, 1869. HUGH NORRIS.

To the Editor of THE LANCET.

SIR,—My eye has just caught, in your impression of the 30th ult., a statement of some importance in a communication from Dr. Barnes:—

"I have a strong suspicion that in one case of early abortion, an injection made too forcibly by means of a caoutchouc bottle was the cause of a fatal catastrophe. The patient died almost suddenly soon after the injection, with symptoms resembling those consequent upon air entering the circulation."

This is the only casualty specified against the use of the perchloride of iron injection, and precautions of some elaborateness are devised to prevent a recurrence. It would be well, therefore, to know whether we have before us a real peril or an imaginary danger.

If Dr. Barnes expressed anything more than "a strong suspicion," I would, perhaps, hold my peace; but as a suspicion, however strong, is a poor foundation for precautions, and as these, which always alarm the timid, are advised about an operation simple and "in itself safe," it is right that the profession should, if possible, be relieved from a terror which, upon examination, may prove to be not more than the phantom of a suspicion. If Dr. Barnes will give the length of the interval between the injection and the dissolution, with a few of the symptoms, we may be able to form some estimate of the value of his suspicion; and it would be also interesting to know, if he were not himself the administerer, what ground he has for stating that an injection was "made too forcibly."

Doubting that such a catastrophe as death, "with symptoms resembling those consequent upon air entering the circulation," can arise from the employment of a "caoutchouc bottle" to inject the cavity of the uterus, I am desirous of having an operation "in itself safe" left in all its original simplicity, and an obstacle removed from the way of those who have to meet a serious emergency.

I am, Sir, your obedient servant,

Tindale-place, N., February 9th, 1869. W. J. BRADFORD.

CLINICAL SURGERY AT EDINBURGH.

To the Editor of THE LANCET.

SIR,—I have read with much surprise the correspondence which has taken place in your columns between Professors Syme and Bennett; and in your last impression some remarks are made by Professor Bennett which are calculated to convey a false notion as to the mode of teaching clinical surgery in this school. An attack is made on Mr. Syme's mode of teaching; and, according to Professor Bennett's view, our chair of clinical surgery is greatly neglected so far as teaching goes.

Now, as an *alumnus* of this school, I beg to state that the general opinion of the students is that Mr. Syme's mode of teaching is in every respect satisfactory, as the large attendance at his class testifies.

As to Mr. Syme's pupils complaining of his teaching to *others*, as Professor Bennett alleges, I may say that such a proceeding was, on the part of these gentlemen, most unwarranted and ungentlemanly; and I am sure that Mr. Syme is at all times willing to hear objections or complaints, and to do his best to remedy such, if possible.

In conclusion, so long as Mr. Syme is connected with us, he will be regarded with the highest esteem, and the Edinburgh school, seconded by his efforts, will, I am sure, send forth her *alumni* in the liberal spirit which is professed by *nearly* all her teachers.

Trusting you will give these remarks a place in your next impression, and enclosing my card,

I am, Sir, your obedient servant,

Edinburgh, Feb. 15th, 1869. A. W.

MORTUARY AND POST-MORTEM HOUSE IN MARYLEBONE.

DR. WHITMORE, in his last monthly report on the health of Marylebone, observes that the commencement of the present year marks a new era in sanitary progress and enlightenment in that parish; the completion of a parochial mortuary and post-mortem house. The mortuary is situate in the Paddington-street burial-ground, and is constructed of good size, with abundant ventilation, and convenient internal arrangements. The post-mortem house is built in the parochial stone-yard, Richmond-street, and is a plain iron building well lighted and ventilated; it is fitted internally with a commodious dissecting-table, is well supplied with water, and contains everything necessary for the conducting of post-mortem examinations, excepting surgical instruments, which each operator will be required to provide for himself. Rules and regulations for the management of this building, as well as for the admission of dead bodies to the mortuary house, are now under the consideration of the Sanitary Committee of the Vestry, and will shortly be published.

If it be admitted that there is something meritorious in the performance of any duty not absolutely compulsory to be done, the Marylebone authorities are entitled to the credit which the provision of these two necessary buildings will bring them. The Sanitary Act empowers all local authorities to provide mortuaries and post-mortem houses; but up to the present time hardly any of the metropolitan districts have taken any steps whatever indicative of their appreciation of the valuable powers conferred upon them in this respect. At a late inquest which created some public interest, it was declared that in all the parishes on the river-side between Chelsea and Poplar, there was not a single decent place provided for the reception of the dead bodies of persons upon whom inquests have to be held.

THE DIRECT REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

A PETITION has been unanimously adopted at a special meeting of the Lancashire and Cheshire branch of the British Medical Association, for presentation to the House of Commons, praying that in any Medical Acts Amendment Bill a provision may be introduced for the direct representation of the profession in the General Medical Council in the proportion of one-fourth of its members—four representatives to be elected for England, two for Scotland, and two for Ireland.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.

THE third meeting of this Society for the session 1868–9, was held in the College Hall, on Wednesday evening, the 20th ult., Dr. Churchill, the president, in the chair.

Dr. Churchill, jun., read a paper on an Epidemic of Fever which occurred in Simonstown, Cape of Good Hope, in 1867–8. Among other symptoms were two which he particularly mentioned,—slowness of pulse, and great prostration. From his description it seemed to be a sort of typhus, but there was no eruption, with the exception of one or two petechiæ on the finger-nails in one of the cases. There was no diarrhœa; on the contrary, constipation. Dr. Churchill gave quinine in three-grain doses, with beef-tea. Little stimulants were administered.

Dr. Hughes brought before the Society a case of poisoning by sulphuric acid. The patient, a female aged nineteen, drank two ounces of the acid, and immediately fell down, losing all power over the limbs. In two hours after swallowing the poison she was admitted into the Matermisericordiæ Hospital, and was then in a collapse like that of cholera. She had vomited before her arrival at the hospital. Sinapisms were applied to the legs, hot bottles to the feet, &c., and magnesia was administered internally. She again vomited, the ejected matter resembling treacle, and was acid in reaction. On examination, the fauces, cheeks, lips, and tongue, were white, and like leather from the effects of the acid. She suffered intense epigastric pain. The stomach was empty at the time she swallowed the poison. Death occurred in twenty-seven hours, and on a post-mortem examination the stomach was found contracted, thickened, and blackened over the surface, under which the organ was found intensely congested; the œsophagus was corroded and in longitudinal folds.

SURGICAL SOCIETY OF IRELAND.

THE fifth meeting of the session was held in the Examination Hall on Friday evening, the 19th February, Dr. Labatt in the chair.

Dr. COLLIS read a paper "On Two Cases of Myeloid Disease of Superior Maxillary Bone," and exhibited casts of both cases. The operation was performed in each by a single incision, and the parts brought together by horsehair sutures, which he considered superior to metallic ones. One case had been operated on last July, and at present showed no sign of any return of the disease. The second case was operated on before it came under his care, and it is probable that it will return. The actual cautery was used in one of the cases to stop the bleeding, which was very free. The casts and a book of photographs were presented to the Museum of the College by Mr. Collis.

Mr. STOKES read a communication "On Strangulated Femoral Hernia." The patient had been ruptured five years. In August last it came down, and was strangulated. Chloroform was given, the hernia was reduced, and a proper truss was applied. Last January it was again strangulated, and an operation was performed. The sac of the hernia was not returned. No motion of bowels until the seventh day, when a warm-water enema was given. The wound healed by the first intention, and he was discharged the twelfth day after operation. Mr. Stokes brought forward this paper mainly to object to giving purgatives immediately after the operation, the administration of which was still considered advisable by some surgeons, not only in this country, but also in France.

Dr. DARBY showed a new splint for fracture of the thigh, which he had lately used in a case where the skin was abraded at the ankle, and it was impossible to make extension in the ordinary manner. It consisted of a movable foot-piece, which acted by a slide up or down the splint, as might be required, and regulated by a screw.

Dr. RICHARDSON exhibited a section of a Calculus under the microscope, composed of phosphate of lime and lithic acid. The patient from whom it was obtained passed 600 similar calculi within a few months.

POOR-LAW MEDICAL REFORM.

ON Wednesday last, Mr. Torrens, M.P., presented petitions to the House of Commons, in favour of a redress of grievances, from the medical officers of the following unions:—

Macclesfield, Lincoln, Seisdon, Leicester, Cardiff, Ashton-under-Lyne, Sudbury, Worcester, Guildford, Hambledon, Blything, Halifax, Droxford, St. Thomas's (Devon), Chesterfield, Tewkesbury, Cuckfield, Chepstow, Tavistock, Bakewell, Honiton, Ware, Hackney, St. Matthew (Bethnal-green), Haggerston, Royston, Amersham, Frome, East London, Norton Folgate and Whitechapel, Holsworthy, Bradfield, Mortimer, Williton, Sedgefield, Neath, Wrexham, Hertford, Southam, Hitchin, Depwade, Samford, Brixworth, Ipswich, St. Luke's (Middlesex), Whitehaven, Lewisham, Christ Church (Marylebone), Northern District (Clerkenwell), Stamford and Oakham, St. Leonard's (Shoreditch), Wandsworth and Clapham, East Retford, Wigton, Sevenoaks, Gainsborough, Bicester, St. Pancras (Middlesex), Bermondsey, St. Mary's (Rotherhithe), Tenbury, Chelms-

ford, Cosford, West Flegg, Festiniog, Ledbury, Lambeth, Chesterfield, Billericay, Camberwell, Thingoe, Woodstock, Brentford, Stockport, Hull, Torteth-park, Barton-upon-Irwell, Uttoxeter, Sculcoates, Bridport, Erpingham, and Durham.

Parliamentary Intelligence.

HOUSE OF COMMONS.

FEB. 22ND.

CATTLE DISEASES.

MR. W. E. FORSTER, in answer to an inquiry by Mr. Headlam relative to the restrictions on importation of cattle, announced that as the Government did not feel they could altogether adopt the arrangements of the Bill of Lord Robert Montagu, it was their intention to bring forward a Bill of their own, believing, as they did, that legislation was necessary, and that it was desirable that legislation should affect animals that might be suffering from any contagious disease besides the rinderpest. The Bill of the Government would be laid on the table before the date fixed for the second reading of the Bill of the noble lord.

UNIFORM ASSESSMENT BILLS.

A first reading was given to two Bills introduced by Mr. Goschen to provide for Uniformity of Assessment of Rateable Property in the Metropolis, and for a common basis of value for the purposes of Government and local taxation in England.

Mr. GOSCHEN explained the absurdities and inequalities of the present systems of assessment, and as regards the metropolis he proposed to establish Assessment Committees in every parish not within the operation of the Assessment Act of 1862; to create an Assessment Board for the whole metropolis, at which a representative from each union would have a seat; and to appoint an assessor to this Board, who would hear appeals from one union against another. The Metropolitan Board of Works, the Surveyor of Taxes, and everybody who had authority to lay a tax, would have the right of appeal against the assessment of the Union Committees, and this rivalry would have the effect of making the assessment fair in each district. Mr. Goschen added that the Bill would contain an uniform scale of deductions. The second measure would resemble in its general provisions the Assessment Bill introduced by Mr. Hunt in 1867.

Mr. Hardy, Mr. Locke, Dr. Brewer, and other members approved the general scope of the Bills, and further discussion was deferred until the second reading.

FEB. 23RD.

METROPOLITAN SICK ASYLUMS.

Mr. MCCULLAGH TORRENS postponed from the 10th until the 23rd of March the notice of motion which he had given in reference to sick asylums in the metropolis.

THE POLLUTION OF RIVERS.

Mr. J. HOWARD asked whether it was the intention of the Government to introduce during the present session any measure for the prevention of the pollution of rivers and watercourses.

Mr. BRUCE said the important commission presided over by Sir William Denison was now examining the pollution of the rivers Mersey and Ribble, and they intended to pursue their inquiries still further. He was not without hope that the Report of the Commission would lay down principles which would enable them to legislate on this subject without causing any serious interruption to the progress of manufactures.

RINDERPEST.

Mr. FORSTER, in answer to Sir J. Elphinstone, said he had no reason to believe that an outbreak of rinderpest had taken place in Germany. He believed that the Dutch Government had despatched officials to the German frontier, but not in consequence of an outbreak of rinderpest in Germany, but in consequence of its existence in Gallicia and Transylvania.

METROPOLITAN LOCAL MANAGEMENT.

In reply to Mr. BENTINCK,

Mr. BRUCE said the Government could not this session undertake to bring in any Bill for the better administration of the local management of the metropolis.

FEB. 24TH.

POOR-LAW MEDICAL OFFICERS.

A petition was presented by Mr. W. M. Torrens, from the medical officers of unions in all parts of the country, praying for permanency of appointment, more uniform and adequate remuneration; that medicines, &c., should be paid for by the Boards of Guardians, as in Ireland; and, in view of their onerous duties, that they should be allowed superannuation like the Civil Service.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having passed their examination, were admitted Licentiates in Midwifery at a meeting of the Board of Examiners on the 17th inst.:—

Angove, Edward S., Camborne, Cornwall.
Bird, William V., Bootle, Lancashire.
*Bösemberg, A. C. H., Bayswater.
Hoar, Charles E., Maidstone.
Lack, T. L., Chichester, Sussex.
Leahy, John, Peckham.
Pottle, Edgar G., City-road, E.C.

* This gentleman is not a member of the College.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 18th inst.:—

Atkinson, Robert, Coniston, Ambleside.
Gay, John Henry, Wisbeach.
Hunter, Frederick, Clapham.
Nadin, Alfred Cutler, Sheffield.
Tay, Waren, Worcester.
Taylor, John, Sheffield.

As Assistant in Compounding and Dispensing Medicines:—

Denney, Edwin James, Roughton, Norwich.

The following gentlemen also on the same day passed their first examination:—

A. E. Kynaston, Guy's Hospital; Walter Pippette, Westminster Hospital.

INDIAN MEDICAL SERVICE.—The Military Secretary, India Office, presents his compliments to the Editor of THE LANCET, and begs to enclose a list of the candidates for her Majesty's Indian Medical Service who were successful at the competitive examination at Chelsea in August, 1868, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and Netley.

Name.	*Studied at*	*No. of Marks.**
†Downie, K. M.	Edinburgh	5745
Mackenzie, F. M.	London	5193
Lupton, A. W.	Edinburgh	4930
MacGregor, J.	Edinburgh	4768
Hutcheson, G.	Edinburgh	4735
Johnson, E. R.	London and Edinburgh	4676
Wright, W. E.	London	4535
Robb, J.	Aberdeen	4388
Kiernander, W. C.	London	4278
Blenkinsop, F. H.	London	4018

* Maximum 6000. † Obtained the Herbert prize.

The following candidates for the same Service were successful at the competitive examination at Chelsea on the 8th inst. On this occasion, thirty-eight candidates competed for twenty appointments. Thirty-six were reported qualified.

Name.	*No. of Marks.**	*Name.*	*No. of Marks.*
Calthrop, C. W.	2730	Roberts, H. P.	1870
Wood, A.	2455	MacBury, C. W.	1840
Sanders, R. C.	2355	Peters, C. T.	1830
Sanders, E.	2290	Backhouse, J.	1820
Wright, R. T.	2260	Price, W.	1800
Davis, G. M'B.	2230	Tyrrell, S. M.	1795
Gupta, K. P.	2175	Colson, E.	1780
Howell, J. A.	2160	Murphy, M. E. M.	1765
Edis, F. P.	2135	Linton, H. J.	1755
Franklin, B.	1985	Boalth, W. H.	1705

* Maximum 3400.

THE "South London Press" states that a large quantity of petroleum has got into the sewers in Bermondsey from a store in the district. Is no one punishable for this dangerous proceeding?

THE Annual Meeting of the Hunterian Society for the election of officers was held on Wednesday, the 10th inst., when the following list, proposed by the Council, was unanimously adopted. President: Mr. Hutchinson, Vice-presidents: Mr. Corner, Dr. Fotherby, Mr. Allingham, Dr. Braxton Hicks. Treasurer: Dr. Cooke. For the Oration of 1870: Mr. Bryant. Librarian: Dr. Fowler. Secretaries: Dr. Phillips, Mr. J. E. Adams. Council: Mr. Arthur, Mr. Gordon Brown, Mr. Thomas Brown, Mr. Brownfield, Dr. Burchell, Mr. Clapton, Dr. Daldy, Mr. Jackson, Dr. Kingsford, Mr. Maunder, Dr. Peacock, Dr. Williamson. The oration was delivered on the same evening by Dr. Fotherby; and on Friday a large number of the members and their friends dined together at the London Tavern, celebrating the jubilee of the Society; Mr. Hutchinson in the chair.

THE "Carmarthen Reporter" says that up to the present time the Vaccination Act has been almost a dead letter at Carmarthen, but the guardians have now appointed their clerk public prosecutor, with full instructions to enforce the provisions of the Act.

THE LORD RECTOR OF GLASGOW UNIVERSITY.—It is understood that Lord Stanley has intimated his intention of delivering his installation address on the 1st of April, and that in the course of his remarks he will urge the necessity of making physical exercise and development an integral part of academic discipline. A banquet will, as is usual on such occasions, be given to his lordship; but he has expressly stipulated that it must be non-political in its character.

Obituary.

THOMAS ORTON, M.R.C.S., L.S.A.

THE late medical officer of health for the Limehouse district was a native of Warwickshire, being the third son of Joseph Orton, Esq., of Polesworth-hall, near Tamworth, in that county. He was born on the 12th of October, 1806, and received his medical education at Charing-cross Hospital. He practised for some time at Berkeley, in Gloucestershire, but came to London in 1851, and shortly after settled in Stepney, where he resided till typhus fever, contracted in the discharge of his sanitary duties, put a rapid termination to his useful career on the 30th of January last. Although best known from having (almost single-handed at first, but afterwards supported by the authority of Dr. Letheby and others) opposed the theory which ascribed the cholera epidemic of 1866 to the East London water-supply, yet his keen and inquiring mind had previously been directed to many other subjects of general and scientific interest. He suggested the collation of the weekly returns of the mortality of the metropolis with those of other capitals and large towns, which is now being so ably carried out by Dr. Farr. Mr. Orton's Reports, as medical officer of health, were purposely written in a popular, and sometimes jocular, style, with the hope, which proved well founded, of attracting attention and interest to otherwise dry and unattractive details. The defective construction of dwelling-houses, and the influence of various occupations on the health of the poor, were his favourite topics. In 1862, he published a series of cases in the *London Medical Review* on poisoning by arsenical wall papers, which are mentioned in Dr. Taylor's "Medical Jurisprudence." He introduced a cheap respirator (from the sale of which he derived no pecuniary profit) for use in white lead factories. When cholera broke out in 1866, it is only saying the simple truth to aver that, in proportion to the number and severity of the cases, none of the Eastern districts were so economically and efficiently provided for, as regards the medical supervision and separation of cases, as the district over which Mr. Orton presided. The whole arrangements were made under his care, and his unwearied exertions laid the foundation of ill-health from which he never recovered. In private life, although sincerely attached to the principles of Evangelical Dissent, and a Liberal in politics, he was remarkably free from bigotry and narrow-mindedness; and his kindly, courteous manner, and liberality to the poor, have caused him to be generally and deeply regretted wherever he was known.

Medical Appointments.

ANDREW, J., M.D., Senior Assistant-Physician to the City of London Hospital for Diseases of the Chest, Victoria-park, has been promoted to Physician, vice G. M. Edwards, M.D., deceased.

BARNES, J. W., F.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 5 of the Parish of St. Pancras, vice W. Saul, M.D., resigned.

BAUMLER, C. G. H., M.D., Junior Assistant-Physician to the City of London Hospital for Diseases of the Chest, Victoria-park, has been promoted to Assistant-Physician, vice S. Fenwick, M.D., resigned.

BURTON, Dr. W. W. C., has been appointed Medical Officer and Public Vaccinator for the Parish of Lochcarron, Ross-shire, vice J. Welsh, M.D., resigned.

CRADDOCK, S., M.R.C.S.E., has been appointed a Medical Officer to the Shepton Mallet Hospital and Dispensary.

DUCKWORTH, DYCE, M.D., has been appointed Assistant-Physician to St. Bartholomew's Hospital, vice James Andrew, M.D., promoted to Physician.

FIDDES, D., M.D., has been appointed Medical Officer to Gordon's Hospital, Aberdeen.

FORD, J., M.D., has been appointed Medical Officer and Public Vaccinator for Districts Nos. 7 and 8 of the South Molton Union, Devonshire, vice John A. Tidboald, M.R.C.S.E., resigned.

HALAHAN, H. S., L.K.Q.C.P.I., has been appointed Physician to the National Eye and Ear Hospital, Dublin.

HARLEY, J., M.D., F.R.C.P.L., has been appointed Physician to the Infirmary for Epilepsy and Paralysis, Charles-street, Portman-square.

HEWITT, D. B., L.K.Q.C.P.I., has been appointed Physician to the Dispensary for Skin Diseases, Bishop-street, Dublin, vice T. W. Belcher, M.D., resigned.

HOPE, J., M.R.C.S.E., has been appointed a Surgeon for five years to the Newcastle-upon-Tyne Hospital for the Diseases of Children.

HUDSON, T. St. J., L.R.C.P.Ed., has been appointed a Medical Officer to the Shepton Mallet Hospital and Dispensary.

HUME, G. H., M.D., has been appointed a Surgeon for five years to the Newcastle-on-Tyne Hospital for the Diseases of Children.

KIRKPATRICK, Dr. J. R., has been appointed Examiner in Midwifery at the Royal College of Surgeons, Ireland, vice James Isdell, M.D., resigned.

LEWIS, W. B., L.R.C.P.L., has been appointed Assistant Medical Officer to the Buckinghamshire Lunatic Asylum, Stone.

LITTLE, J., M.D., has been appointed Joint Lecturer on the Theory and Practice of Medicine at the Ledwich School of Anatomy, Medicine, and Surgery, Dublin, vice W. Moore, M.D., appointed Physician to Sir Patrick Dun's Hospital.

LYNN, R. D., M.D., has been appointed a Surgeon for five years to the Newcastle-upon-Tyne Hospital for the Diseases of Children.

METCALF, Dr., has been appointed Medical Officer and Public Vaccinator for District No. 1 of the Loddon and Clavering Union, Norfolk, vice Peskett, M.D., deceased.

RICKARDS, W., M.D., Junior Assistant-Physician to the City of London Hospital for Diseases of the Chest, Victoria-park, has been promoted to Assistant-Physician, vice Andrew, promoted.

RIDLEY, H., M.R.C.S.E., has been appointed a Surgeon for five years to the Newcastle-upon-Tyne Hospital for the Diseases of Children.

RIGBY, J. M., L.R.C.P.L., has been appointed Medical Officer for District No. 5 of the Chorley Union, Lancashire.

ROSS, Dr. J. A., has been appointed Assistant House-Surgeon to the Birkenhead Borough Hospital, vice F. Vacher, L.R.C.P.Ed., appointed House-Surgeon.

ROWAN, Dr. J., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballyward Dispensary District of the Banbridge Union, Co. Down, vice E. J. Harman, L.R.C.S.Ed., appointed Apothecary to the Barrack-street Station of the Belfast Dispensary District.

SHETTLE, R. C., M.D., has been appointed Physician to the Royal Berkshire Hospital, Reading, vice C. Cowan, M.D., deceased.

SMITH, Dr. C. S., of Seaforth, has been appointed District Medical Officer to H.M.'s General Post Office, Liverpool.

TUCK, J., M.R.C.S.E., L.S.A.L., has been appointed House-Surgeon to the Infirmary and Dispensary, Bolton, vice G. F. Harden, M.B., deceased.

WALKER, W. C., M.R.C.S.E., has been appointed a Medical Officer to the Shepton Mallet Hospital and Dispensary.

WILLIAMS, W., M.D., has been appointed Certifying Factory Surgeon for the District of Mold, Flintshire, vice E. G. Clarke, L.R.C.P.Ed., resigned, and appointed Medical Officer for the Putney District of the Wandsworth and Clapham Union.

WOOD, Dr., of Durham-place, Lambeth-road, has been appointed Surgeon for the District of Lambeth, Royal South London Dispensary, vice H. N. Hardy, L.R.C.P.Ed., resigned.

WYBRANTS, J., M.D., has been appointed a Medical Officer to the Shepton Mallet Hospital and Dispensary.

[ERRATA.—In the last line of the list of Medical Appointments on p. 196, *for* "deceased," *read* "resigned." Also, on p. 282, *for* "Norman, H. B., F.R.C.S.E.," *read* "Norman, B., M.R.C.S.E., L.S.A."]

Births, Marriages, and Deaths.

BIRTHS.

BUCHANAN.—On the 19th inst., the wife of G. Buchanan, M.D., of Harley-street, of a son.

GAINE.—On the 12th inst., at Bath, the wife of C. Gaine, M.R.C.S.E., of a son.

JACKSON.—On the 8th inst., at Battle-hill, Northumberland, the wife of D. Jackson, M.D., of a son.

MARTIN.—On the 19th inst., at Walmer, the wife of H. A. Martin, Staff Assistant-Surgeon Army, of a son.

PRATT.—On the 19th inst., at Leazes-place, Durham, the wife of John Pratt, Surgeon, of a daughter.

MARRIAGES.

MOORE—MORRIS.—On the 4th inst., at West Bromwich, R. Bond Moore, L.R.C.P.L., &c., of Wolverhampton, to Emily, youngest daughter of the late James Morris, Esq., of Dudley.

PARKINSON—SMITH.—On the 24th inst., John Taylor Parkinson, M.R.C.S.E., of Brotton, Yorkshire, to Margaret, youngest daughter of Thomas Smith, Esq., of Newcastle-upon-Tyne.

DEATHS.

BRAYTON.—On the 20th inst., at the house of his father, Aitbank, near Whitehaven, Dr. Brayton, aged 34.

KINNEAR.—On the 21st inst., at Great Yarmouth, Charles Kinnear, M.D., Deputy Inspector-General of Hospitals and Fleets.

MAYNE.—On the 16th inst., on board the "Yalala," off Gravesend, T. H. Mayne, M.R.C.S.E., Surgeon to the Burra Burra Mines, Korings, South Australia, aged 40.

NOBLE.—On the 19th inst., Thomas Noble, M.D., of Charing-cross.

STEEL.—On the 20th inst., J. S. Steel, M.R.C.S.E., of Salford, Lancashire, aged 44.

Medical Diary of the Week.

Monday, March 1.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."
MEDICAL SOCIETY OF LONDON.—7 P.M. General Meeting for the Election of Officers and Council.—8 P.M. Casual communications.—8½ P.M. Dr. John Cockle: "Further Contributions to the Pathology and Diagnosis of Pulsating Tumours of the Neck."
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Mr. J. Turner, "On Chloræstherine."

Tuesday, March 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Rev. F. W. Farrar, "On Comparative Philology."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. F. Hovenden: "Man an Indestructible Atom."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, March 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. John W. Ogle: "Regarding Certain Effects of Modifications of Nerve-Influence in Disease."
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Madge, "On a Case of Hydronephrosis of the Fœtal Kidneys."—Dr. Brunton: "Observations and Remarks on Cases of Twins."—And other papers by Dr. Cory, Dr. Wynne, and Mr. Houghton.

Thursday, March 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. J. Harley, "On Respiration."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Sanderson, "On Pneumonic Phthisis."

Friday, March 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. John W. Ogle: "Regarding Certain Effects of Modifications of Nerve-Influence in Disease."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Mr. T. Holmes: "Some Remarks upon Lister's Method of Treating Abscesses by means of Carbolic Acid."—Dr. Martyn, "On a Case of Extra-Uterine Pregnancy."
ROYAL INSTITUTION.—8 P.M. Mr. W. Huggins, "On some further Results of Spectrum Analysis applied to the Heavenly Bodies."

Saturday, March 6.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On Hydrogen."

Notes, Short Comments, and Answers to Correspondents.

THE OFFICERS' QUARTERS AT KNIGHTSBRIDGE.

DURING the last fortnight energetic measures have been taken to discover the cause of the foul smell which has so long affected some five or six rooms in the officers' quarters at Knightsbridge, but hitherto without any satisfactory result. The floors have been extensively taken up, without discovering anything but the black dust which usually accumulates beneath London boards. No traces of rats or other vermin have been seen, and no communication found between the various affected rooms. The affair is at present a complete mystery. The smell is less offensive than it was; but it still exists in several rooms, and the surgeon does not venture to reoccupy his quarters. Several of the rooms are still in the hands of the engineers. We hear it is proposed to alter some of the window-sashes, and to introduce a system of ventilation beneath the floors. A doubt having been cast upon the accuracy of the diagnosis of the case of fever which we reported to have been sent to St. Bartholomew's Hospital, we have taken pains to ascertain the truth. Both regimental medical officers saw and carefully examined the case. The girl had been suffering for some months from an affection of the heart, indicated by systolic bruit; but this had never interfered with the doing of her ordinary work. But on the 10th of February she was unable to get up, and was found suffering from a quick pulse, a heightened temperature, diarrhœa, and a considerable amount of mental disturbance, with some dryness of the tongue and sordes about the mouth. There were no maculæ or petechiæ, and no important disturbance of the uterine functions. So convinced was the senior medical officer of the nature of the disease that he did not feel justified in ordering a public cab to take her to the hospital, but sent her in his own brougham. The hospital record confirms the justice of the diagnosis. On admission, the systolic bruit was noted; but the important facts are that the pulse was 130, and the temperature 103·2° F., without any other complication. A note was also made that "spots" were absent. The case was regarded as one of continued fever without spots, and similar in its nature to many others which have recently been admitted to the hospital. After going on favourably for some days, a friction sound came on below the spine of the left scapula, accompanied by cough and some rusty sputa. At the present moment this continues. The pulse is 120; the temperature 102° F.; the tongue is pale, but slightly cracked, and with a decided tendency to glazing; there is slight sordes on the lips. The history is clearly one of fever developed in a subject labouring under chronic heart disease; and we think the regimental medical officers would have deserved the severest censure if they had pursued any other than the very judicious step which has been taken.

NURSING AT MANCHESTER.

SOME reflections having been made on the nursing at the Manchester Workhouse, we are glad to observe from the *Manchester Examiner* that there are paid nurses in every ward, who are charged with the administration of medicine and the carrying out of the doctor's orders, and are responsible for the general condition of the wards. There is at this moment in Manchester an epidemic of small-pox, and several patients have been attacked in the Royal Infirmary. The guardians have granted the use of the old Cholera Hospital as a temporary Small-pox Hospital, and a confident hope is entertained that it will be soon stamped out by careful isolation.

Ph.D.—1. No one can properly use the title who has not the degree, which, strictly speaking, is only given, we believe, by the German Universities, though graduates in Arts of the Scotch Universities, if we remember rightly, are called Doctors of Philosophy.—2. No.—3. See answer No. 1.—4. Not that we know of.

A Policyholder.—We have made minute inquiries into the matter, and there appears to be no foundation for the statements made by our correspondent.

THE CARMICHAEL PRIZE.

Dr. Crisp has again addressed us on this subject. He sends us the copy of a letter addressed to the Council of the College of Surgeons in Dublin. We cannot insert any more correspondence on the matter, which is of the past. He seems to forget that the adjudicators were elected by ballot. The two essays, about which so much has been said, can be purchased by any one interested in the question who wishes to decide as to their respective merits.

ARMY MEDICAL DEPARTMENT.

Virili and others.—We do not think it necessary to insert at present any more letters on the subject of the rumoured reductions in the above service. We are glad, however, that the suggestions which we have thrown out in reference to the establishment of a United Service School and other matters have met with such expressions of approval.

M. W. should consult some registered medical practitioner, and avoid all advertised nostrums, which often do harm.

Mr. Francis Lovell is thanked.

Prof. Rolleston's important communication on "Earth-Closets" arrived too late for insertion this week; but it shall appear in our next number.

INFLUENCE OF MATERNAL IMPRESSIONS.

A CORRESPONDENT, writing to us from Lyme Regis, Dorset, submits for our consideration and for that of the medical profession what he terms "the raw material of a thought," as to whether some legitimate means could not be devised, at certain stages of gestation, to afford reasonable probability that the majority of children might be of the *male sex* whenever the state of society might justify the preponderance. He is aware that this "probably very extraordinary question" will be viewed by many as startling and chimerical; but, he trusts, not as immoral. He refers to the changes that were brought about in producing the ring-straked, speckled, and spotted cattle, mentioned in the 30th chapter of Genesis. As the prospects of timely marriages are becoming more and more unsatisfactory, no doubt, if this idea could be made an accomplished fact, it would have the tendency of increasing the demand for wives. It was, and still is, a common belief that the colour of a litter of dogs may be influenced by visual impressions made on the bitch at the time of conceiving; but we have never heard that anyone has ever formed the idea of influencing the sex of the human species by similar means. We have heard of an eccentric individual who was a firm believer in the power of maternal impressions, and who tried the effect of having pictures, statues, &c., exclusively of the female sex in his house. His wife presented him with a male infant, however. The wife of a schoolmaster ought, we presume, to have a preponderance of boys in her family. The passage in the 30th chapter of Genesis only represents what was then thought possible. Youatt has discussed, in treating of sheep, all the passages in relation to breeding in the Old Testament; and there are some remarks on the knowledge of breeding possessed by the ancient races at page 201 of Darwin's 2nd vol. of "Animals and Plants under Domestication." It was formerly a common belief, and is still held by some persons, that the imagination of the mother affects the child in the womb. Müller has argued against this belief—"Elements of Physiology," vol. ii., 1842, p. 1405. As Darwin remarks, this view is evidently not applicable to the lower animals which lay unimpregnated eggs, or to plants. Dr. Wm. Hunter, in the last century, told his father that during many years every woman in a large London lying-in hospital was asked before her confinement whether anything had specially affected her mind, and the answer was written down; and it so happened that in no instance could a coincidence be detected between the woman's answer and any abnormal structure.

MEDICAL EXAMINATION OF RECRUITS.

To the Editor of THE LANCET.

SIR,—Allow me, as the civil practitioner appointed for the examination of recruits in this district, to make a few remarks in answer to "Vérité's" letter, published in your number of the 6th instant.

Your correspondent says "the civil practitioner is paid for all, rejected or not," alluding to recruits. This is not the case; for the examining surgeon gets no fee for a recruit who on subsequent examination, at the depôt or head-quarters of the district, is rejected.

The remarks made drawing a comparison between the military and civil surgeon at the expense of the latter are open to argument. "Vérité" has attempted to show that the military surgeons alone can efficiently perform the duties of army surgeons, and has alluded to the recruiting statistics of 1866 in proof of this. If I am not mistaken, the returns for 1867 tell more favourably for the civilian; but even allowing the examination of recruits to be better managed by army surgeons than civilians, there are other points respecting the appointment of civil surgeons which tend to make these appointments desirable. In the first place, in small garrison towns the expense is less. In this town there is a squadron of cavalry (about 120 men), and the surgeon in charge gets at the rate of about £50 a year for his work, against an assistant-surgeon's pay of about £180. Again, the civilian, as a resident, takes more interest in recommending sanitary improvements; for, as the military surgeon is a mere bird of passage, only quartered in a place for a few months, he takes no trouble in the matter, knowing that any suggestions he makes cannot be carried out in his time; for all alterations requiring any outlay, however small, have to be allowed in the general estimates of the subsequent year before any order can be made for the suggestions being carried out. As an instance of this, I may state that during my time here (some six years) improvements have been made at my suggestion, both in the military hospital and in the barrack-rooms, which have added materially to the comfort of the troops, and have much lowered the sick-rate. The examination of recruits is special work, requiring a certain amount of practice before the surgeon can become perfect in it. Novices are apt to suppose that any man will pass as a recruit who is free from organic defect. But this is not the case. Something more is required than a mere examination, as if for an insurance company; but the amount of judgment required is soon learnt by practice. In the meantime, however, while gaining experience, the newly-appointed civil practitioner passes indifferent recruits, who are rejected at the final examination, and thus helps to swell the returns against the civilian, and exalt his military brother. The soldier, on the other hand, has acquired the requisite tact by special training immediately after joining.

A little time and experience will remedy these defects, and then the appointment of a local practitioner will be more likely to ensure the comfort of the soldier from his having a permanent interest in the quarters, as well as effect a saving to the country.

It is preposterous to suppose that in our large provincial towns (and in no other is recruiting carried on) a civilian cannot be found who is as capable of carrying on the duties of a military surgeon as the average of military surgeons. If the experiment has been tried and failed, as "Vérité" asserts, the failure has arisen, not from any defect in the material, but from the injudicious choice or imperfect management of such material.

I remain, Sir, yours, &c.,

Coventry, February 9th, 1869. M. F. ANDERSON.

THE letter of *Mr. J. Higham Hill* on "Nursing at St. Pancras Workhouse" arrived too late for insertion in our present number.

A. B. C.—Surgery would include operations with obstetrical instruments.

THE SALFORD GUARDIANS ON POOR-LAW MEDICAL OFFICERS.

AT one of their recent meetings, the Salford guardians proceeded to elect medical officers for two of their districts out of six gentlemen who had applied for the vacancies. The candidates were:—"Dr. John Moir, 25, a gold medalist of Edinburgh University, who had held several public appointments, including that of senior house-surgeon to Ardwick Dispensary, and had been in private practice in Salford for about a year and a half; Dr. A. Carson Clarke, 32, of Farnworth, who for five and a half years had held the office of assistant-surgeon at Crumpsall Workhouse, and produced a very excellent testimonial from the Manchester guardians; Dr. James Cran, 27, assistant-surgeon at Ardwick Dispensary, who qualified only in August last; and Mr. Robt. William Goldie, 24, assistant-surgeon at Chorlton Union Workhouse." After these gentlemen had been duly cross-examined by the guardians as to their experience and qualifications, and were requested to state if they were teetotalers, a Mr. Rowbotham declared that "he wished the poor to be as well attended medically as himself," and "that they wanted men of far more experience." The salary of the offices is £100 a year each. Mr. Rowbotham knows well enough that if he were an applicant for one of the vacancies, he would think the emolument small enough for a common clerk, much less a medical officer of ever so little experience; and we beg leave to advise him to amend his estimate of the experience and capabilities of gentlemen who are quite capable of occupying the posts for which they applied.

Mr. Henry Almond.—We do not prescribe. Consult a legally qualified practitioner.

THE LATE LORD BROUGHAM AND HIS DENTIST.

A CASE was tried in the Court of Exchequer last week, in which the executors of the late Lord Brougham were sued for the sum of £157 10s. for dental work and labour done for his Lordship by Mr. Lows, a dentist, of Carlisle. The evidence was conflicting as to the number of visits paid to Lord Brougham in London and at Brougham Hall by Mr. Lows. The executors also disputed two charges of £40 for two sets of teeth supplied. Mr. Hepburn and Mr. Cartwright gave evidence to the effect that from 30 to 35 guineas was the highest charge for a set of teeth, and that visits were not charged for except under certain circumstances. £82 10s. was paid into court; but the jury gave a verdict for £105.

THE DUCK-BILL SPECULUM.

To the Editor of THE LANCET.

SIR,—May I beg the favour of the enclosed, which I have received from Dr. Dufay, appearing in your next issue.

Your obedient servant,

February, 1869. ALFRED MEADOWS.

"SIR,—From your explanations in No. VIII. of THE LANCET, I must acknowledge that we agree in every respect, your speculum differing in the main points from Dr. Cusco's instrument. Allow me, Monsieur, et très honoré confrère, to send you the best compliments of,

"Your obedient servant,

"Blois, February, 1869." "DR. D.

Dr. Henry writes us to state that the Council of the Metropolitan Counties Branch of the British Medical Association had determined on taking action on the hospital question prior to the appearance of our article on that subject in THE LANCET of Feb. 16th.

OUR attention has been called to the following advertisement, which appeared in the *Illustrated London News* of the 20th instant. A correspondent asks whether the gentlemen named therein coincide with the opinions already expressed by Mr. Paget and Dr. Burrows:—

"Second edition, price 1s., post 13 stamps, A Popular Treatise on Curative Electricity. To sufferers from paralysis, &c. &c. By Harry Lobb, Esq., M.R.C.S.E., L.S.A., &c., 31, Sackville-street, W. This work will be found to contain plain indications for the cure of diseases hitherto abandoned as hopeless. Being illustrated with cases authenticated by the highest medical authorities—as Sir W. Fergusson, Sir Charles Locock, Sir Ranald Martin; Drs. Arthur Farre, Gream, C. J. Williams—is a guarantee of the author's experience and success in the treatment of these diseases.—Published by Simpkin, Marshall, and Co., London."

THE PROPOSED INFIRMARY AT OLDHAM.

WE noticed that Mr. Thomson, speaking on behalf of himself and other members of the profession, had objected to the site proposed for the new infirmary about to be erected at Oldham. The Sites Committee were, therefore, instructed "to reconsider the question;" and on the 13th inst. a meeting of the General Committee was held, in order that some final decision might be arrived at. Mr. Thomson on this occasion entered into an explanation of the views which he held in common with some of his *confrères* as to the desirability of establishing, as far as possible, cottage hospitals. He proposed to establish a central dispensary as near the middle of the town as possible, on as convenient a site as could be found, and he would place a cottage hospital at each extremity of the town. The advantage of these cottage hospitals, he said, was that they could be erected and conducted at comparatively small cost. After entering into details, he asked for a Sub-Committee to examine his project. The meeting, however, after some time decided that the site already selected was that upon which the building should be erected. It is, of course, difficult, without a visit to Oldham, to give a decided opinion on the subject; but we cannot but think that there is much advantage in Mr. Thomson's plan in small towns.

Dr. Fred. Robinson's letter, in reply to Mr. Myers on "Aortic Aneurism in the Army," shall appear in our next impression.

CAUSE OF THE DEATH OF JULIUS CÆSAR.

AT a meeting of the Academy of Medicine of Paris which took place not long ago, a paper by M. Dubois was read, the subject being an "Investigation into the Death of Julius Cæsar." M. Dubois based his conclusions upon the various passages descriptive of the occurrence contained in the old authors, which he compared one with another. By this means he has to his own satisfaction fixed the spots where the first four wounds were inflicted, and the names of the conspirators who inflicted them. The first blow, struck by one of the brothers Casca, produced a slight wound under the left clavicle; the second, struck by the other Casca, penetrated the wall of the thorax towards the right; Cassius inflicted the third wound in the face; Decimus Brutus gave the fourth stab in the region of the groin. Contrary to the general opinion, Marcus Brutus, though one of the conspirators, did not strike the dictator. After the first blows Cæsar fainted, and then all the conspirators hacked the body. He was carried by three slaves in a litter to his house. Anastistius, the physician, was called in, and found thirty-five wounds, only one of which was in his opinion fatal, that of the second Casca.

Mr. George Hargreaves.—The circular our correspondent sends us is very unprofessional; but too paltry to be worthy of serious notice, except by the medical neighbours of the surgeon in question.

Mr. Wickham will notice that in another part of our impression an article appears on the subject of his note.

P. B.—The paper was written by Mr. Waring-Curran, Bexhill.

ON THE NUTRITIVE VALUE OF DIFFERENT SORTS OF FOOD.

To the Editor of THE LANCET.

SIR,—Baron Liebig, in his last paragraph, page 115 of THE LANCET of January 23rd, 1869, says: "A cup of meat-broth has often a strengthening effect," &c. This remark has called to mind what I have for many years past insisted on to my patients when recommending them to take beef-tea, mutton-broth, &c.—viz., that the broth, *per se*, has no nutritive value unless it contains the fibre of the meat, though it is a very grateful and highly useful fluid as a vehicle for bread, &c. Baron Liebig says "that it so acts on our nerves that we become conscious of the existing strength, and sensible that this strength may be disposed of."

I apprehend that the same may almost be said of the much-vaunted efficacy of a cup of warm tea, the comfort of which everyone appreciates.

My object, however, at present is to describe a ready and cheap method of preparing beef-tea food, particularly suitable for pauper, club, and other patients who cannot afford to be wasteful, and who yet desire to obtain the maximum amount of good for the sick from a small quantity of meat. It is a plan that particularly recommends itself to union surgeons, as from personal experience with my friend Dr. Dyer, of Ringwood, I well know how disheartening it is to visit a pauper, for whom the weekly allowance of two pounds of beef or mutton has been ordered, and to find that this small pittance has been wasted by improper cooking, and the poor sick patient deluged with a quantity of weak and useless (as far as a meat nutriment is concerned) drink, when a direction like the following would have saved me many a visit, and the patient many a nauseous dose.

If called to a patient suffering from exhaustion—say a woman who has suffered much or lost much blood in labour, with exsanguine lips, gums, tongue, and conjunctivæ; sinking at the pit of the stomach; no appetite, and loathing of food, though evidently requiring food—concentrated food—i.e., small in quantity, and at regular intervals of every three or four hours,—I direct a piece of meat (beef or mutton preferred), free from fat, about the size of the top of the thumb as far as the nail (about one or two drachms in weight), to be ground very fine between two hard and clean stones, or scraped and cut with a knife; this pulp put into a teacup, covered with about an ounce of cold water, and a small pinch of common salt; the whole covered over, and placed close to a fire till it simmers. About ten minutes will suffice. Any fat skimmed off. The whole poured into a cold cup, and the beef-grounds and fluid all swallowed by the patient as medicine.

If I wish to medicate this dose, I direct five, ten, or fifteen minims of dilute nitro-hydrochloric acid to be added just before it is swallowed; or if this is not handy, or the case does not require it, a few drops of vinegar; in some cases no acid at all.

The advantage is that, under the form of medicine, the patient takes a large supply of food in the twenty-four hours, at regular intervals, small in cost, easy in preparation, and always at hand, and not more disagreeable than a dose of tincture of iron, quinine, or ergot.

The only disadvantage I know of is in cases of difficulty of deglutition. Then the fibre requires longer maceration in cold water. All patients, of course, complain of the "grounds;" but when assured it is only as a medicine, and not as beef-tea, that it is given, they at once swallow the causes of scruple.

In this way I have several times made "the weak man strong," as my excellent apothecary at Mhow, Mr. Hudson, could testify, particularly in one case, where a man was apparently reduced to death's door by sudden hæmorrhage from the bowel; for, besides a few grains of tannic acid to stay the hæmorrhage, he had no other treatment than "acid beef" till his natural appetite returned.

Last summer in the Mauritius I was saved much anxiety, when placed in a position where I had scant supplies, by directing the attendants to use this food medicine (with or without acid according to circumstances); for in those cases under my care—cases exhausted by malarious fever—timely food and quinine were the two things essential.

Regularity is of the utmost importance. Fix an hour, and keep to it. The first dose also should be a small one, not more than a teaspoonful of beef-grounds. I also always make and give it myself to the patient, so that what I require to be done may be done. Neither within the tropics nor in this country have I found it necessary to prescribe it oftener than once in every four hours.

I trust, therefore, that the above method of using meat may prove beneficial, and that I may be found correct in saying that both the patient's time and the doctor's time will be saved, and the union surgeon feel that the parish pittance has been utilised to the utmost for the benefit of his patient, and not, as is too often the case, only for that of the attendant.

I remain, Sir, yours truly,

Bath, February 8th, 1869. CHARLES MOORE JESSOP.

REGISTRATION FEES.

Beta.—Our correspondent's questions are rather diffuse, and the full answer to them would lead us into an article. We give him two or three resolutions of the General Medical Council pertinent to his first and most important question. "Nov. 24th, 1858.—1. That the fee (for registration) to be paid by all those qualified before the 1st of January, 1859, be two pounds sterling.—2. That the fee for registration of persons qualified after the 1st of January, 1859, be five pounds sterling.—3. That the fee for inserting additional qualifications be five shillings sterling." Midwifery is not yet legally recognised as a branch of practice requiring special qualification. Though the medical element in the College examination will not confer a medical qualification, it is a right addition, and a step towards the single sufficient qualification, for which we always argue.

THE PUBLIC WORKS ACT (1863-4).

MR. RAWLINSON, in his final Report on the Public Works executed in the Cotton Districts, by way of relief to the operatives during the famine, dwells with great satisfaction on the results accomplished, which include, among other things, the provision of parks and recreation grounds, works of sewerage and drainage, and the general improvement of the sanitary condition of the towns. He states that Lancashire, before so deficient in arrangements essential to the health of the people, "is at this time probably the most advanced county in England in town sewering, street-paving, public parks, water-works, and road improvements."

Mr. Sanger's paper shall be inserted.

Dr. George Bolton.—The law says nothing of the kind. It states that every person registered under the Act shall be entitled according to his qualifications to practise medicine and surgery, or surgery or medicine. Nothing is said about midwifery. We imagine operative midwifery would be regarded as included under the head of surgery.

THE LINCOLN GUARDIANS AGAIN.

SOME time ago a complaint was made against Mr. Broadbent, the house-surgeon of the Lincoln Union, for alleged improper treatment of a pauper patient, and a protracted correspondence with the Poor-law Board ensued. Mr. Broadbent was called on for an explanation, and gave one which it appears did not satisfy the guardians, who informed the Poor-law Board of that fact. The Poor-law Board has now written to ask the reasons why the guardians do not consider the explanation given by the medical officer satisfactory; and the *Lincolnshire Chronicle* states that at the last Board meeting, "after some discussion, it was decided by the guardians that they could not go into the medical part of the question, as it was not for them to pretend to say what the treatment should have been." Surely a lame and impotent conclusion, after having taken upon themselves to decide that the patient had not been properly treated.

Tyro.—Our correspondent is, no doubt, quite correct in the opinion expressed. The Esq. is now very generally dropped. Some use the prefix Dr., and add the M.D. as well, intending thereby to indicate the medical character of the doctorate.

Hare-lip.—The chloroform may be administered; but caution should be exercised.

A STRANGE CASE.

WE occasionally meet with credulous people; and a most remarkable specimen of the class is a Welsh parson, the Vicar of Llanfihangel-ar-Arth—wherever that may be. The Vicar writes to the *Welshman* newspaper, calling the attention of its readers to "a most extraordinary case" (of credulity on his part, we think). However, here is the statement:—

"Sarah Jacob, a little girl of twelve years of age, and daughter of Mr. Evan Jacob, Llethrneuadd, in this parish, has not partaken of a single grain of any kind of food whatever during the last sixteen months. She did occasionally swallow a few drops of water during the first few months of this period; but now she does not even do that. She still looks pretty well in the face, and continues in the possession of all her mental faculties. She is in this, and several other respects, a wonderful little girl. Medical men persist in saying that the thing is quite impossible; but all the nearest neighbours, who are thoroughly acquainted with the circumstances of the case, entertain no doubt whatever on the subject, and I am myself of the same opinion. Would it not be worth their while for medical men to make an investigation into the nature of this strange case? Mr. Evan Jacob would readily admit into his house any respectable person who might be anxious to watch it, and to see for himself. Llethrneuadd is a farm house, about a mile from New Inn, in this parish."

X. Y. Z., (Liverpool.)—Our correspondent has evidently made a mistake in applying to us. He had better address himself to the police.

INSATIABLE THIRST.

IN reference to "C. J. C.'s" inquiry, we have received the following suggestion:—Dr. Hillier reported that a patient was much relieved by ice and iced water, iced alum-water, and iced diluted Condy's fluid. Dr. Synnot also recommended the solution of permanganate of potassium, in drachm doses, in such cases, it having proved useful in his hands.

T. L. G. writes on the above subject as follows:—"'C. J. C.' will find an emetic, consisting of one scruple of powdered ipecacuanha and a quarter of a grain of tartar emetic, followed up with the tincture of the sesquichloride of iron, and dilute hydrochloric acid, relieve the thirst."

H. R. M. says:—"If 'C. J. C.' will give his patient small doses of the black sulphuret of antimony three times a day, withholding all other medicine, he will most likely soon relieve his patient of the excessive nocturnal thirst from which he is suffering. I shall be glad if 'C. J. C.' will report in THE LANCET the result of this trial, if he makes it. The dose should not exceed one or two grains, finely pulverised by rubbing up with milk-sugar."

POOR-LAW CIRCULAR ON VACCINATION.

THE Poor-law Board have just issued a circular letter to Boards of Guardians on the subject of the arrangements made for vaccination in compliance with the Act of 1867, and they state that they do so in consequence of communications which they have received from the Privy Council, representing that unsatisfactory arrangements have been proposed by several Boards of Guardians in the country. The Board urge that children should be vaccinated from arm to arm; that if possible there should be weekly vaccination, or, in small districts, vaccination at the end of each quarter for a certain number of successive weeks; and that only beyond two miles from a station should children be vaccinated at the homes of those in charge of them.

SICKNESS AND POVERTY IN WHITECHAPEL.

MR. LIDDLE, the medical officer of health for Whitechapel, reports that the number of out-door sick paupers attended by the medical officers of the district during 1868 was 17,417, being an increase of 236 on the previous year's return, the population having probably slightly decreased in number. Mr. Liddle is of opinion that "nothing short of the pulling down of the numerous houses situated in the close localities in London, and preventing the persons now occupying these houses from overcrowding other localities, will in any appreciable degree" diminish the sickness, pauperism, and crime abounding in these densely populated places.

L. R. M.—Messrs. Bullock and Reynolds, Hanover-street, Hanover-square.

THE BIRMINGHAM BOARD OF GUARDIANS AND THEIR MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—The conduct of the Birmingham Board of Guardians with relation to their medical officers having been the theme of much comment in THE LANCET, as a member of that Board I ask the insertion of a few remarks.

For some years past the administration of medical out-door relief in this parish has not been satisfactory, and that it could be so with medical officers who are underpaid, and virtually irresponsible, is what no reasonable man could expect.

A Committee was, as you are aware, appointed some two years back, which collected much evidence both from our own staff and other medical men, entering fully into the discussion of the whole subject.

The plan which I then strongly advocated, and which I believe to be the only plan likely to work well in a very populous parish like Birmingham, is the establishment of one or more dispensaries, where medicines should be supplied, and the appointment of a smaller number of medical officers than at present, who should be well paid, and devote the whole of their time to the service, one of their number ranking senior, with a general supervision of the work.

To the best of my recollection, the evidence of the officers examined on this occasion was opposed to any change of system—sweeping changes being dangerous in any establishment; but they complained of overwork, and the best that could be done at the time was to increase the number of officers; and, so far as it went, this was an improvement. The principal argument made use of by the guardians against any change of system was this, that with the present stipend we have numerous applicants for the office; therefore what is the use of a change which may cause great additional expense!

The appointment of the present Committee was a secondary result of the inquiry of Dr. Seaton into the state of vaccination in the parish, and his report that it was inefficiently conducted led to the appointment of a public vaccinator, and consequently to the medical officers being released from that duty. The dispensary plan made some way with this Committee; but the question of expense, on which it was difficult to obtain much direct information, was the chief obstacle; and when the Committee was informed that at Liverpool the cost for drugs alone was more than is paid here for the whole service, the question was soon decided. It was then proposed that—vaccination being taken away—the number of medical officers should be reduced, an amendment of mine, that it should remain the same, being lost; and it was proposed to raise the salaries of the remainder from £150 to £300 per annum. I suggested, as you have noted, the appointment of a Committee of Supervision, of which there had been none before—a thankless task under the circumstances, and doubly so when the Board in its wisdom saw fit to reduce the proposed amount of salary to £200 per annum. This may, however, lead to a result unexpected by some, as it has placed the medical officers in the position of men with a grievance, which, as it appears from your columns of the 20th instant, they are already beginning to work.

What will ultimately be done it is difficult to say; but I fear it will be some time before the Board will take a broad and comprehensive view of the whole question, especially with relation to the bearing of health upon destitution.

Yours respectfully,

Birmingham, February 22nd, 1869. WM. SOUTHALL.

Glasgow.—Our correspondent seems to have been misled by the extremely vague use of dates in the Report to which he refers, and by the carelessness of the journal which transferred to its columns a long extract from that Report, and then evolved from the hidden recesses of its own wisdom a date supposed to represent the period referred to in that extract. Dr. Letheby, in speaking of the deficiency of rain "during the year," meant, as his tables show, the twelve months ending September 30th, 1868. The journal in question understands this period to mean "the year 1867," and Mr. G. J. Symons, in a letter to *The Times*, supposes it to mean the year 1868. The facts of the case are simply these. In the year 1868, notwithstanding the excessive drought which prevailed for so long a period, the rain-fall amounted to 25·2 inches, the average yearly fall during 53 years being 25·4 inches, so that the deficiency in 1868 was less than a quarter of an inch. In the twelve months ending September 30th, 1868, the rain-fall at Greenwich was close upon 20 inches, an amount, no doubt, below the average; but the average amount collected at 14 of the largest towns of the kingdom during the same period was 25 inches, and in one of those towns (Glasgow) 51 inches; so that it is altogether incorrect to say that "in every part of the country the same deficiency of rain" was observed as in London.

We subjoin a most suggestive circular, in the hope of giving it a publicity which the writer probably neither intended nor would desiderate. It was forwarded by post to a chemist in a sea-port town in the south of England. If anything were wanting to induce the General Medical Council and the Government to amend the Medical Act, and to fortify the clauses which have reference to bad forms of irregular practice, it is this circular:—

"MIDWIFERY IN ITS EVERY STAGE.—Mr. Saltiel, Consulting Accoucheur, 161, Euston-road, N.W., after forty-three years devoted to the practice of midwifery in its most intricate forms, is enabled to afford immediate relief in all cases of female irregularity however difficult. Early applications preferred. Twenty per cent. allowed for recommendation."

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Rolleston, Oxford; Dr. Greenhow; Dr. Thorowgood; Dr. J. B. Sanderson; Mr. Holt; Mr. Foster; Mr. Parson; Capt. Macrae; Mr. Howard; Dr. Scott Alison; Dr. Livett; Dr. Sayre, New York; Dr. Norman, Melton; Mr. Whitford; Mr. Alleyne; Dr. Bowes, Crawley; Dr. Day; Mr. Woodcock; Dr. Button, Sunderland; Mr. White; Dr. Henry; Mr. Freeland; Mr. Crampton, Harborough; Dr. Evans, Narberth; Dr. Colthurst; Mr. Griffiths, Taunton; Dr. Maudsley; Mr. Johnstone, Bristol; Mr. Pullen, Norwich; Mr. Reed; Mr. Shorto; Mr. Lovell, Plymouth; Mr. Freeman, Bideford; Mr. Everett; Dr. Nylan, Drimobague; Mr. Pearson, Exeter; Dr. Wiltshire, Pontefract; Mr. Mackey, Berhampore; Dr. G. B. Halford, Melbourne; Dr. Heslop; Dr. Rhind; Mr. Barnard, Shillong; Mr. Almond; Mr. Pyle; Mr. Nason; Mr. W. Smith, Keith; Dr. Charon; Dr. de Harison, Cannes; Mr. Reed, Taunton; Mr. Eaton; Mr. Brookes; Mr. Waren; M. A. D. de Lansgerie; Dr. Gulland, Rawul; Dr. Carmichael, Burntisland; Mr. Langton, Bognor; Mr. Kennett; Mr. Denton; Mr. Jessop; Mr. J. Jones; Mr. Wm. Southall, Birmingham; Mr. Wade; Mr. Harris; Mr. Grainger; Mr. Pether, Darlington; Dr. O'Connor; Dr. Hall; Dr. Cresswell; Dr. Jackson, Southsea; Mr. C. R. Smith; Mr. Hubbard, Whittlesea; Mr. Holman; Mr. Wyman, Harlow; Mr. King; Mr. Robertson; Mr. Thomson; Mr. Condy; Mr. Ball; Mr. M'Bean; Mr. Simons; Dr. Macmillan, Hull; Dr. Brown; Dr. Baxter; Dr. Wadd; Mr. Remmington, Halton; Mr. Moullin, Clifton; Mr. Keep, Hythe; Mr. Giles, Coggeshall; Mr. J. T. Parkinson, York; Mr. Sutton, Oldham; Mr. Richardson, Stafford; Mr. Clay, Birmingham; Dr. Sanger, Alfriston; Mr. Hall, Romford; Mr. G. S. Jones, Weston-super-Mare; Rev. C. Colson, Buntingford; Mr. Carttar, Leeds; Dr. Barr Meadows; Dr. S. Smith, Seaforth; Messrs. Calvert and Co., Manchester; Mr. Wilks; Mr. Tuck, Bolton; Dr. Woodward, Worcester; Mr. C. J. Fox; Mr. Postt, Mr. Pughe; Mr. Browne, Nottingham; Mr. Steele; Dr. Ransome, Manchester; F. C. S.; G. H. W.; Vérité; Beta; E., M.D.; J. R. M.; A. B. C., Clifton; A Policyholder; An Asylum Medical Officer; Hare-lip; Gamma; The Military Secretary of the India Office; Anthropological Society; Tyro; A. W.; M.R.C.S.E.; Western Medical Society of London; X. Y. Z.; A. B.; One of the Disgusted; M. W.; S. L. G.; L.R.C.P.; M. A. B.; Chirurgus; An Asylum Physician; At Spes non Fracta; F. B.; A Grateful Reader; H. R. M.; J. F.; &c. &c.

Yorkshire Post, Borough of Hackney Express, Japan Times, Bucks Herald, Oldham Chronicle, Liverpool Albion, Shields Daily News, Scotish Express, Brighton Times, Oldham Standard, Salford Chronicle, Surrey Advertiser, Australian Medical Journal, Eastern Post, Carmarthen Weekly Reporter, Berkshire Chronicle, United Service Gazette, Leicester Journal, Scotsman, Scarborough Gazette, Cardiff Times, Leeds Mercury, Brighton Gazette, North and South Shields Gazette, Carmarthen Journal, Rochdale Observer, Marylebone Mercury, Lincolnshire Chronicle, Scientific Opinion, Islington Gazette, and *Glasgow Herald* have been received.

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